

Name  
in  
Full

Richard H Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

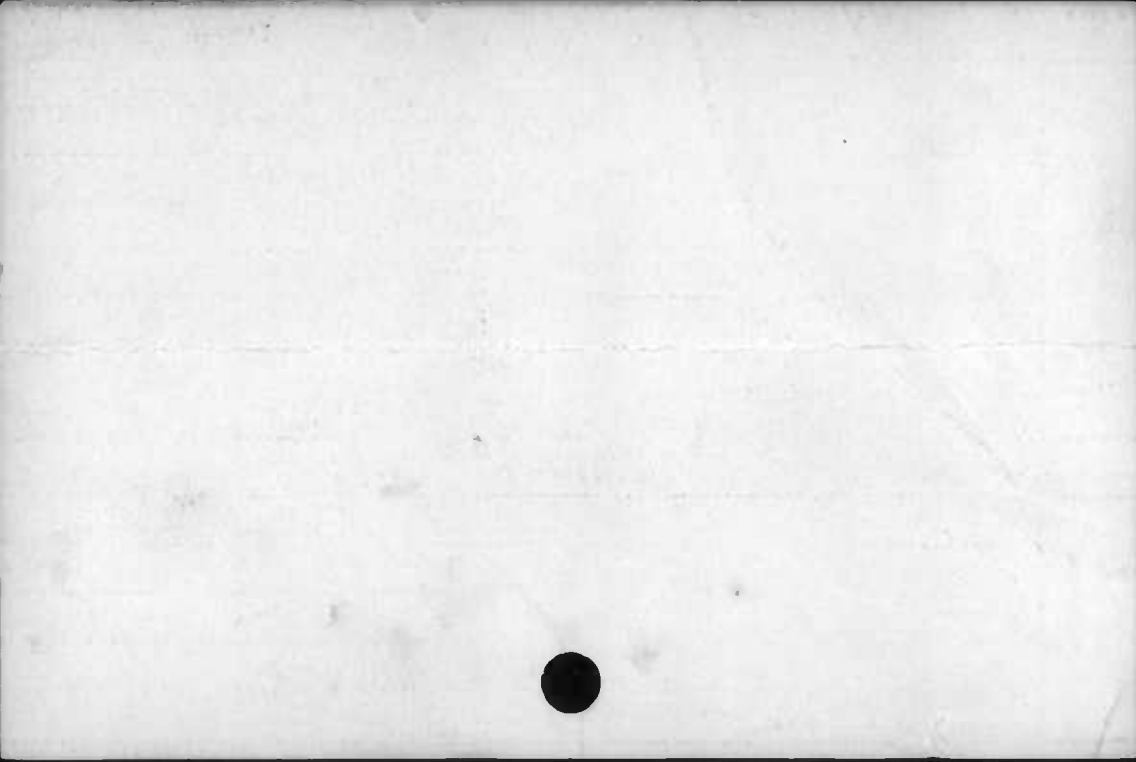
Died at <i>Feresup</i> Town		<i>A. A. Co</i> County		MARYLAND	
Date of death <i>1940</i>	Month <i>1</i>	Day <i>4</i>	Age <i>76</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Wheelwright</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband				
Father's Name <i>Joshua Anderson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Susann Phelps</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Elizabeth Grace</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Six months</i>
Immediate <i>Uraemic Coma</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Hammond</i>
	Address <i>Feresup, Ind.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Margaret Elizabeth Atwell

CERTIFICATE OF DEATH

Died at Annapolis <sup>Town</sup> Anns Arundel <sup>County</sup> **MARYLAND**  
Date of death 1910 <sup>Month</sup> Jan'y. <sup>Day</sup> 8 <sup>Years</sup> 16 <sup>Months</sup> 2 <sup>Days</sup> 2  
Sex Female Color or Race White Birth-place Annapolis Md.  
Occupation Saleslady Where Residing if not at place of death  
~~Married~~, Single ~~Widowed~~ Name of Wife or Husband

Father's Name Wm. B. Atwell Father's Birthplace Annapolis Md.  
Mother's Maiden Name Bessie Luid Mother's Birthplace Annapolis Md.  
Name of person giving Information Geo. F. Luid How related to deceased Uncle

CAUSES OF DEATH

Primary Anemia <sup>How long</sup> Not Known  
Immediate Cardiac Asthenia <sup>How long</sup> 1 Week  
Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Walton H. Hopkin M.D.  
Address Annapolis Md.  
Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

18-10-1941  
19-10-1941



Name  
in  
Full

Moritz Bernhardt.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brooklyn <sup>Town</sup> A.A. <sup>County</sup>

**MARYLAND**

Date of death 1900 <sup>Month</sup> January <sup>Day</sup> 12 <sup>Years</sup> 47 <sup>Months</sup> 7 <sup>Days</sup> 5

Sex Male Color or Race White Birth-place Germany

Occupation Merchant - Retired Where Residing if not at place of death 9th St.

Married, Single or Widowed Married Name of Wife or Husband Henrietta Bernhardt

Father's Name Moritz Bernhardt Father's Birthplace Germany

Mother's Maiden Name Milkelmina Harasch Mother's Birthplace Germany

Name of person giving Information Henrietta Bernhardt How related to deceased Wife

## CAUSES OF DEATH

Primary Unknown

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

y. n.

Signature of Physician

Address

177 189

How long Unknown

How long Exhaustion due to general Anasarca

Dr. H. Wiley M.D.

724 N. Leary St.

Baltimore City

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Emma Bogal

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> South Baltimore <sup>County</sup> Dist.

MARYLAND

Date of death 19 <sup>Month</sup> 10 <sup>Day</sup> Jan <sup>Year</sup> 8 Age <sup>Months</sup> 4 <sup>Days</sup> —

Sex Female Color or Race white Birthplace Russia

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Wladislaw Bogal

Father's  
Birthplace

Russia

Mother's  
Maiden Name

Jofena Palivada

Mother's  
Birthplace

Russia

Name of person giving  
Information

Wladislaw Bogal

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pneumonia

How long

7 days

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Thos. B. Cotton M.D.  
So. Balto, Md.PHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

Emily Boteler

Town

County

MARYLAND

Died at

Woodardsville

A. A. M.

Date

1900 May

Day

17

Age

Years

60

Months

5

Days

5

Sex

Female

Color or  
Race

White

Birth-  
place

Ma

Occupation

Refr

Where Residing if not  
at place of death

Woodardsville

Married, ~~Single~~  
~~Widowed~~

Yes

Name of Wife or  
Husband

Edward A Boteler

Father's  
Name

William Carter

Father's  
Birthplace

Ma

Mother's  
Maiden Name

Not known

Mother's  
Birthplace

Not known

Name of person giving  
Information

Howard Boteler

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Double Pneumonia

How long

Ten days

Immediate

Heart Failure

How long

15 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Sam. H. Anderson M.D.

Address

Woodwardsville Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

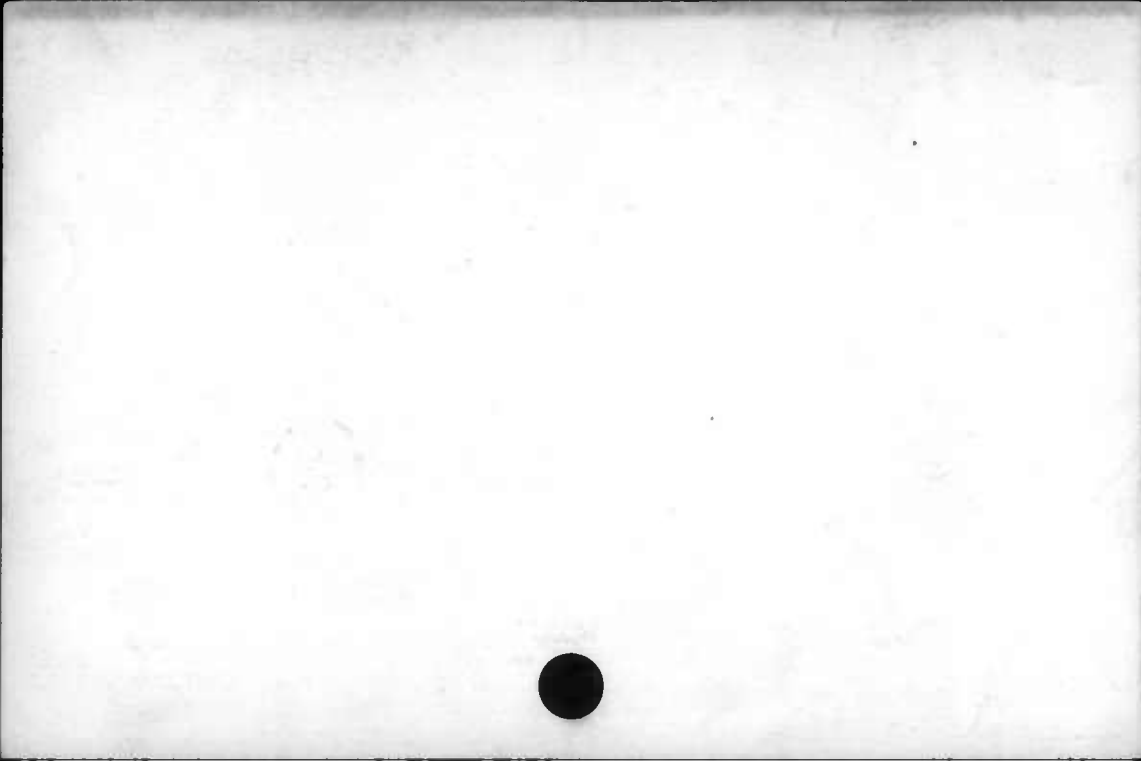
TO BE ANSWERED BY  
NEAREST FRIEND

Name Bowie Town Admiral County Anne Arundel MARYLAND  
Died at Admiral  
Date of death 1980 Month January Day 19 Age      Years      Months      Days       
Sex Female Color or Race colored Birth-place Admiral  
Occupation      Where Residing if not at place of death       
Married, Single or Widowed      Name of Wife or Husband       
Father's Name Mrs Bowie Father's Birthplace Maryland  
Mother's Maiden Name Maree Bowie Mother's Birthplace Maryland  
Name of person giving Information Mrs Bowie How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primery      How long       
Immediate Still born How long       
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician O H McKeeman  
Address Adenton Md  
Accident or Suicide



Name  
in  
Full

Burton H. Boyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

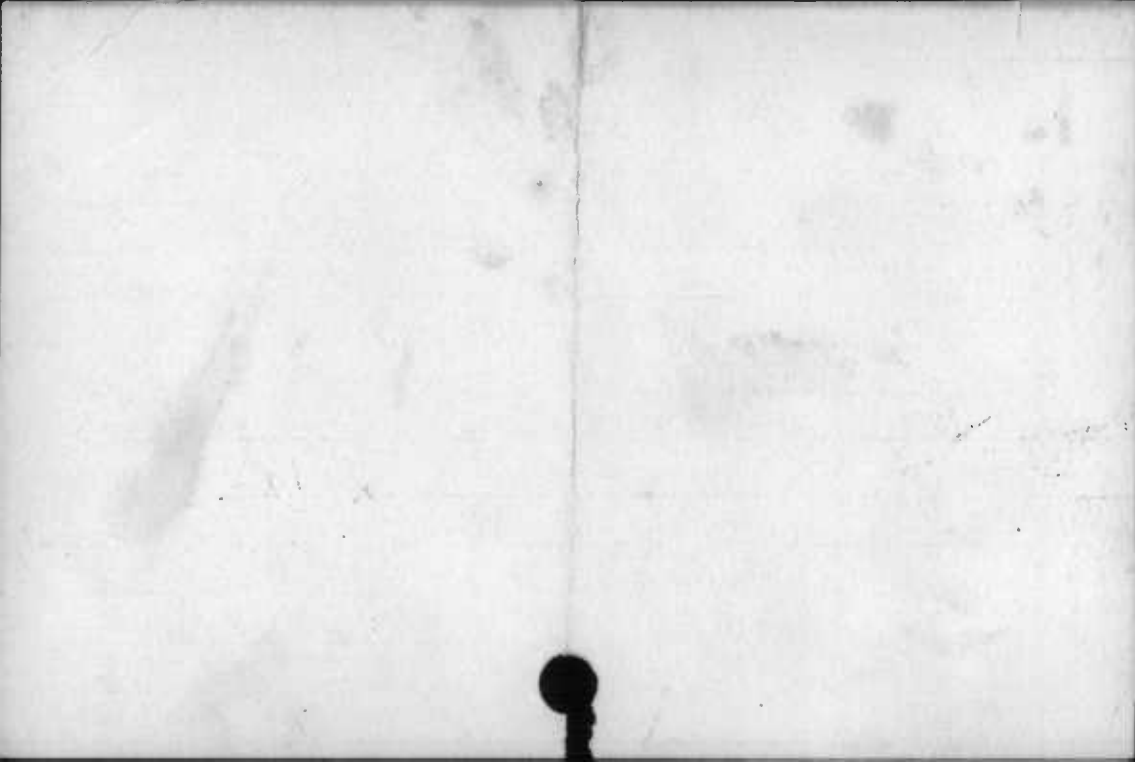
Died at <u>Severn</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death <u>1960</u>	<u>1</u> <sup>Month</sup>	<u>29</u> <sup>Day</sup>	Age <u>30</u> <sup>Years</sup>	<u>5</u> <sup>Months</sup>	<u>29</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Stationary Engineer</u>	Where Residing if not at place of death <u>                    </u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joanna Boyer</u>				
Father's Name <u>Benjamin F Boyer</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Laura Barnsley</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Blanche Ray</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Eighteen months</u>
Immediate <u>Exhaustion</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. J. Hammond</u>
	Address <u>Jessup, Maryland.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Richard Henry Brady.

## CERTIFICATE OF DEATH

MARYLAND

Died at

Annapolis

County

A.A.

Date

of death 1940

Month

Jan.

Day

25

Age

52

Months

6

Days

29

Sex

male.

Color or  
Race

White

Birth-  
place

Annapolis.

Occupation

Carpenter.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Emma V. Brady

Father's  
Name

Henry Brady.

Father's  
Birthplace

unknown

Mother's  
Maiden Name

unknown.

Mother's  
Birthplace

Germany.

Name of person giving  
Information

Florence Mae Brady.

How related  
to deceased

daughter.

## CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Heart failure

How long

4 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Jms Welch

Address

Annapolis

Accident or Suicide

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER





Name  
in  
Full

Charlotte Brown

## CERTIFICATE OF DEATH

MARYLAND

Died at:

Annapolis

County

A A

Date

of death

1940

Month

Jan.

Day

3

Age

Years

23

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

Waitress

Where Residing if not  
at place of death

24 Gorth Court.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

James Brown

Father's  
Name

Lemuis W. Burdocks

Father's  
Birthplace

A A Co. Md.

Mother's  
Maiden Name

Lizzie Parker

Mother's  
Birthplace

Annapolis

Name of person giving  
Information

Susan Matthews

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Bullet Wound

How long

Three Minutes

Immediate

Internal Hemorrhage

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Ambrose Garcia M.D.

Address

34 Second St

Accident or Suicide

Homicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Still Born

Brown

CERTIFICATE OF DEATH

Died at Camp Parole <sup>Town</sup> A-A <sup>County</sup>

MARYLAND

Date of death 1900 <sup>Month</sup> 1 <sup>Day</sup> 4 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race Colord Birth-place Camp Parole

Occupation unknown Where Residing if not at place of death Camp Parole

Married, Single or Widowed unknown Name of Wife or Husband unknown

Father's Name Daniel Brown Father's Birthplace South River

Mother's Maiden Name Charlotte Brown Mother's Birthplace Annapolis

Name of person giving Information Daniel Brown How related to deceased Father

Brewerhill

CAUSES OF DEATH

D. Kesser

Primary Still Born unknown <sup>How long</sup> (S) <sup>How long</sup> (S)

Immediate

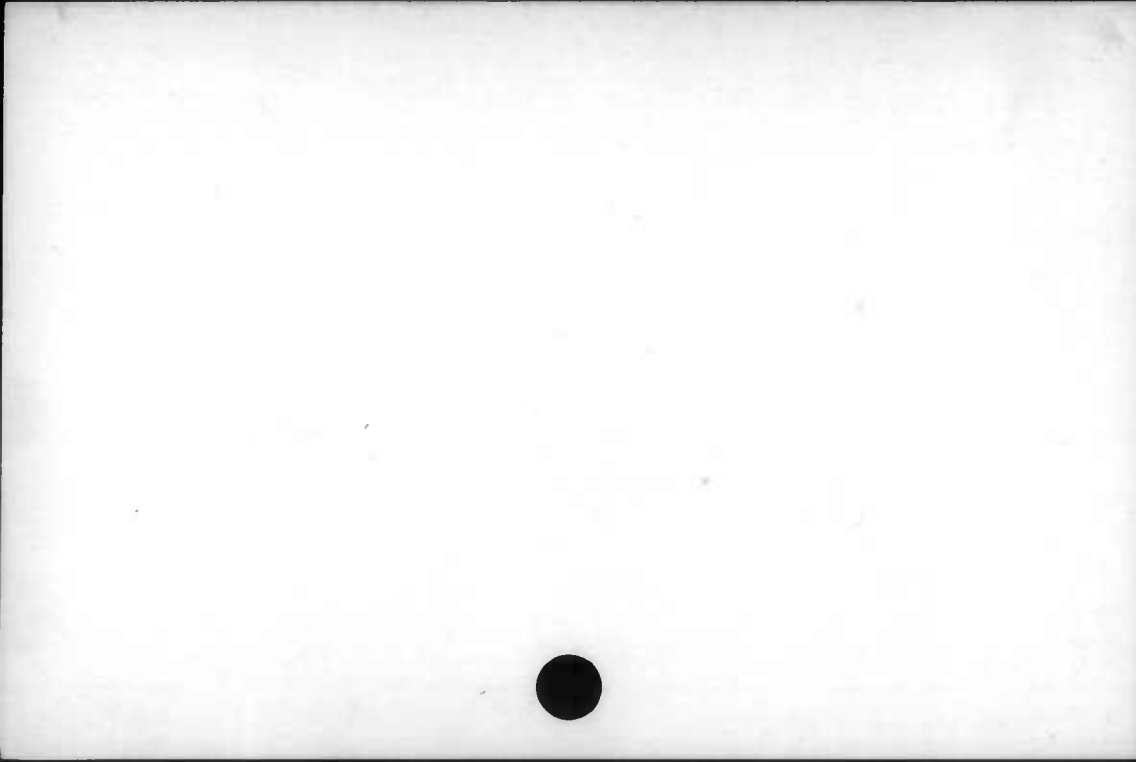
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician P. P. Keebel  
Address 60 Cathedral St  
Annapolis Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

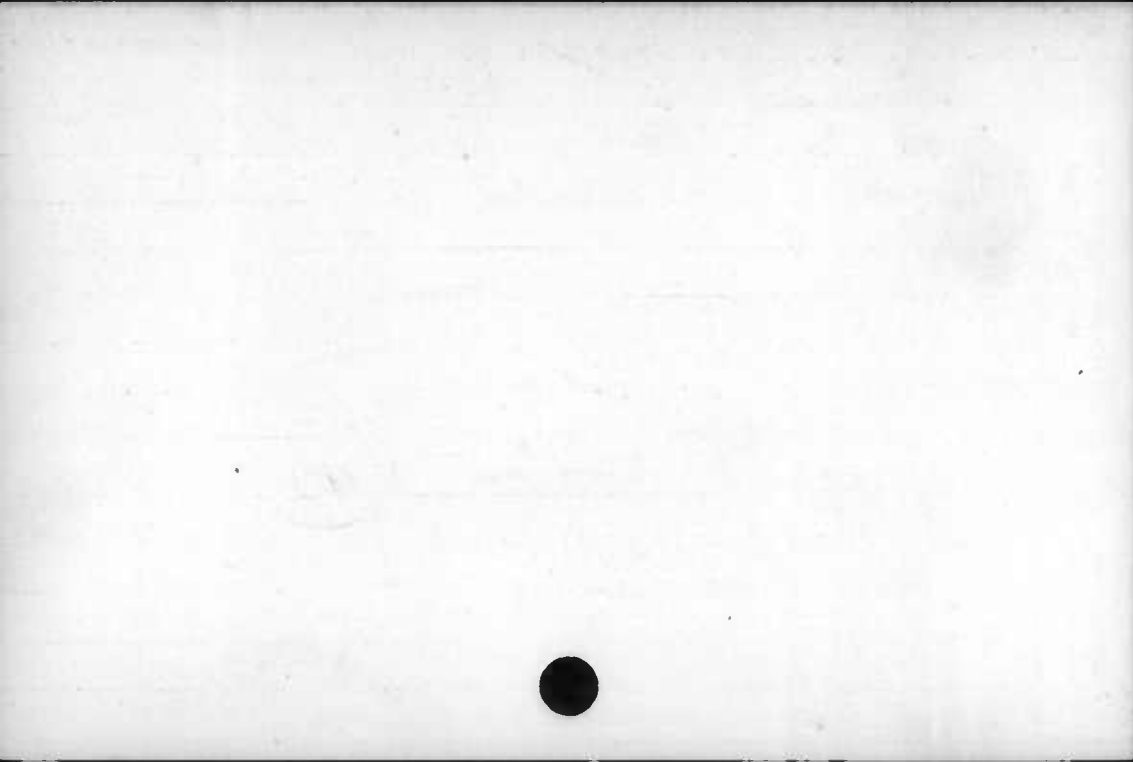
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chuncheon</i> <small>Town</small>		<i>A. A.</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	<i>Jan</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>A. A. Co, Ind</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Jas Brown</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Carrie Offer</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Carrie Offer</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	<i>93</i> <small>How long</small> <i>14 Days</i>
Immediate <i>Heart Exhaustion</i>	<i>91</i> <small>How long</small> <i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. T. Sent</i>
	Address <i>Chuncheon</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN  
OR CORONER*1*



Name  
in  
Full

S. G. A. Burnette

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Annapolis

A. A. Co.

Date

Month

Day

Years

Months

Days

of death

1960

January

19

Age abt 63

Sex

Male

Color or  
Race

White

Birth-  
place

Unknown

Occupation

Painter

Where Residing if not  
at place of death

Eastport Md

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

W.C. Slifer

How related  
to deceased

None

## CAUSES OF DEATH

10

Primary

La Grippe

How long

3 weeks

Immediate

Heart failure

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
PhysicianWm Welch  
Annapolis

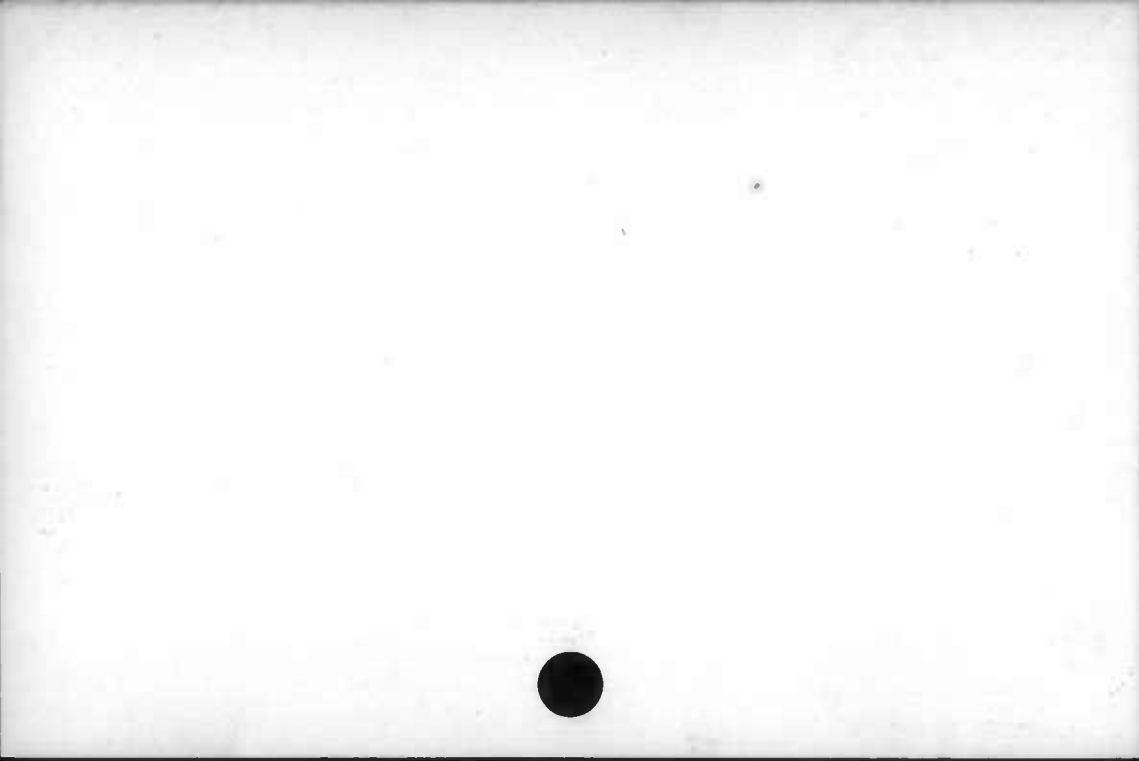
as far as known

Address

Accident or Suicide

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Thomas Harris* Town *St. Margaret* County *A.D.* MARYLAND

Died at *St. Margaret* A.D. *1960*

Date of death *1960* Month *July* Day *9* Age *2* Months *9* Days

Sex *Male* Color or Race *Colored* Birthplace *St. Margaret*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *David Harris* Father's Birthplace *St. Margaret*

Mother's Maiden Name *Sally Murray* Mother's Birthplace *St. Margaret*

Name of person giving Information *Dr. R. Colbert* How related to deceased *Nephew*

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary *Leukemia* How long *4 weeks*

Immediate *Crisis* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. B. Redmond* Address *Annapolis Md*

Accident or Suicide *—*



Name  
in  
Full

Maggie Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Margaret</i>		Town		<i>D. D.</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>July</i>		Day <i>14</i>		Age <i>8</i>		Years <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>St. Margaret Md</i>		Months		Days	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>William Cook</i>				Father's Birthplace <i>St. Margaret</i>					
Mother's Maiden Name <i>Lida Chambers</i>				Mother's Birthplace <i>Hartford Co.</i>					
Name of person giving Information <i>William Cook</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>		How long <i>3 weeks</i>	
Immediate <i>Coma</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Ridout</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide		<i>R. J. D. No 1</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Apton, C. Cooper

Town

County

Died at Annapolis md

A. A. CO

MARYLAND

Date  
of death 1960

Month

Jan

Day

9<sup>th</sup>

Years

Age 37 yr

Months

#

Days

32

Sex male

Color or  
Race

Colored

Birth-  
place

Baltimore md

Occupation

Barber

Where Residing if not  
at place of death

168 Duke Street at

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Lewis Cooper (Louisa)

Father's  
Name

unknown

Father's  
Birthplace

unknown

Mother's

Maiden Name

unknown

Mother's

Birthplace

unknown

Name of person giving  
Information

Lewis Cooper (Louisa)

How related  
to deceased

Wife

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

1

White Pulmonary Tuberculosis

Immediate

No

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

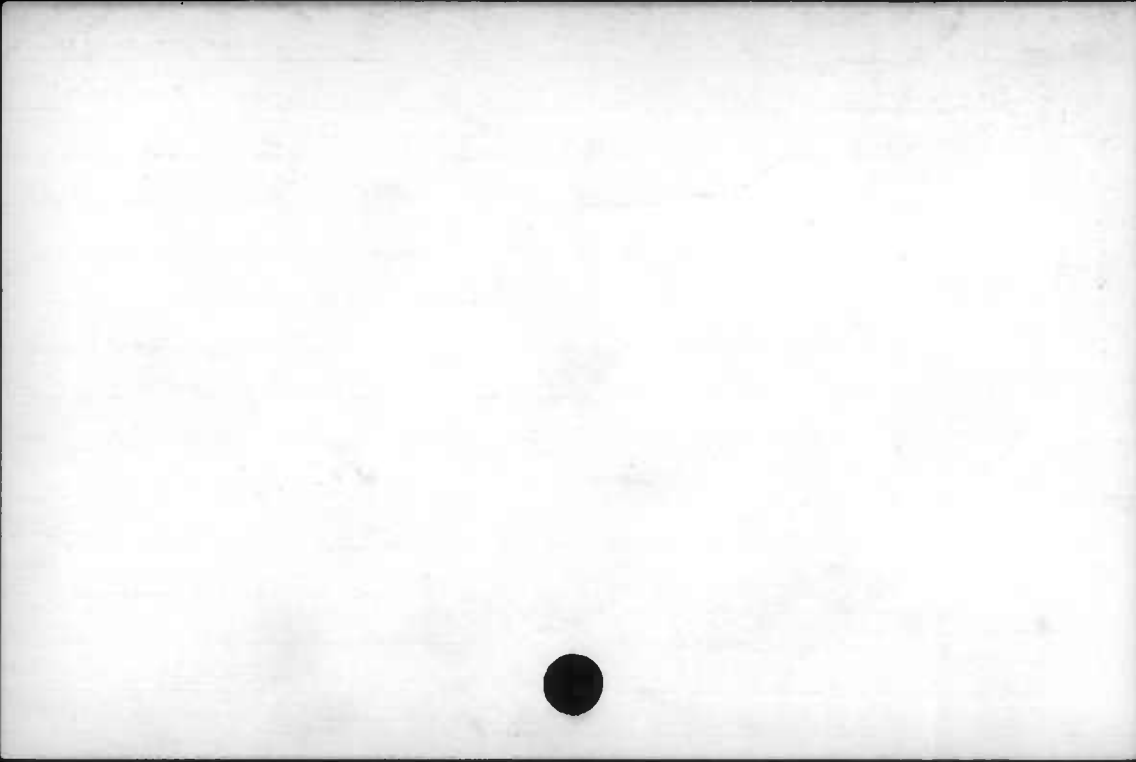
P. P. Lee

Address

600 N. B. St.  
Annapolis

Accident or Suicide

No



Name  
in  
Full

Still Born Child

Down's

## CERTIFICATE OF DEATH

Died at

Lothian

Town

County

A a

MARYLAND

Date

of death 1900 Jan

Month

Day

8

Years

Age

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

A a lo md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Anthony Down's

Father's  
Name

Anthony Down's

Father's  
Birthplace

A a lo md

Mother's  
Maiden Name

Annella Griffen

Mother's  
Birthplace

A a lo md

Name of person giving  
Information

Anthony Down's

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. H. Talbot

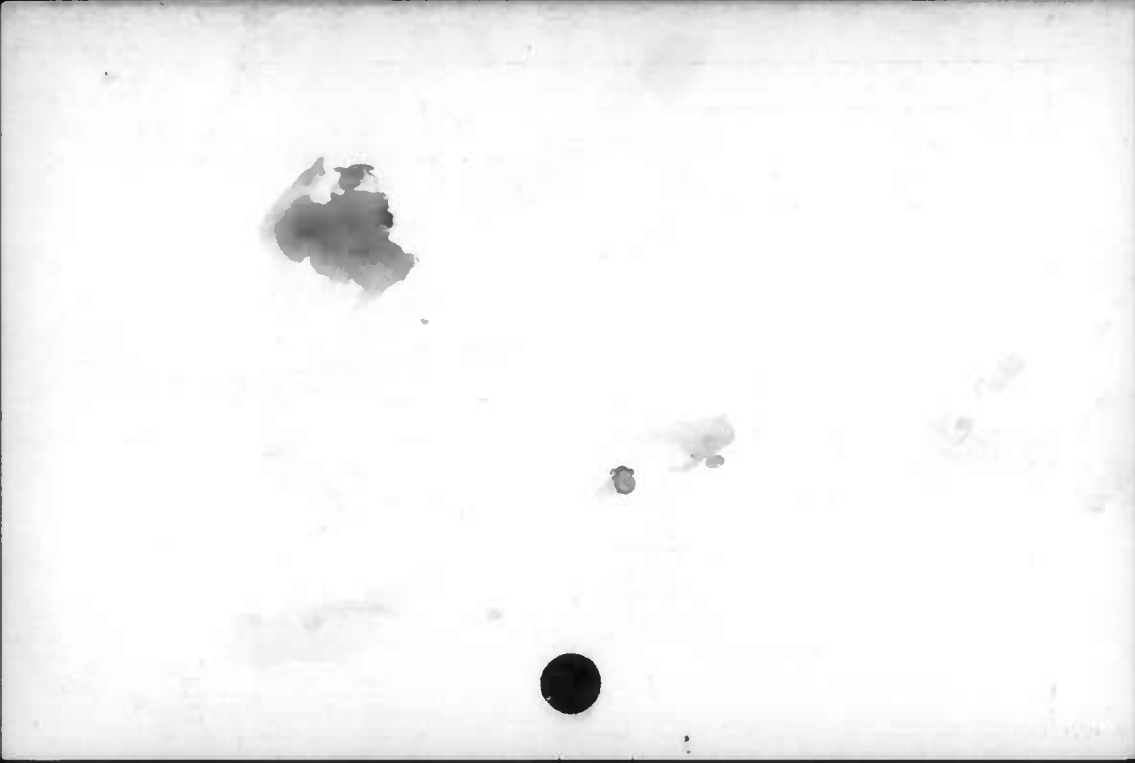
Address

Sub Reg

Accident or Suicide

Neither

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

*Fannie Magdeline Flood*

CERTIFICATE OF DEATH

1  
MARYLAND

Died at <i>Annapolis</i> Town		<i>A. A. Co.</i> County	
Date of death <i>1910</i>	Month <i>Jan.</i>	Day <i>25<sup>th</sup></i>	Age <i>52</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis Md.</i>	Months <i>10</i> Days
Occupation <i>Wife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jno. B. Flood</i>		
Father's Name <i>Adolph Rubner</i>	Father's Birthplace <i>Europe Germany</i>		
Mother's Maiden Name <i>Johanna Spauts</i>	Mother's Birthplace <i>Europe Germany</i>		
Name of person giving Information <i>Jno. J. Gubhardt</i>	How related to deceased <i>administrator</i>		

CAUSES OF DEATH

Primary <i>Chronic? Pneumonia</i>	How long <i>5 weeks</i>
Immediate <i>Succumbed to the infection</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*S. S. Hepburn*

Address

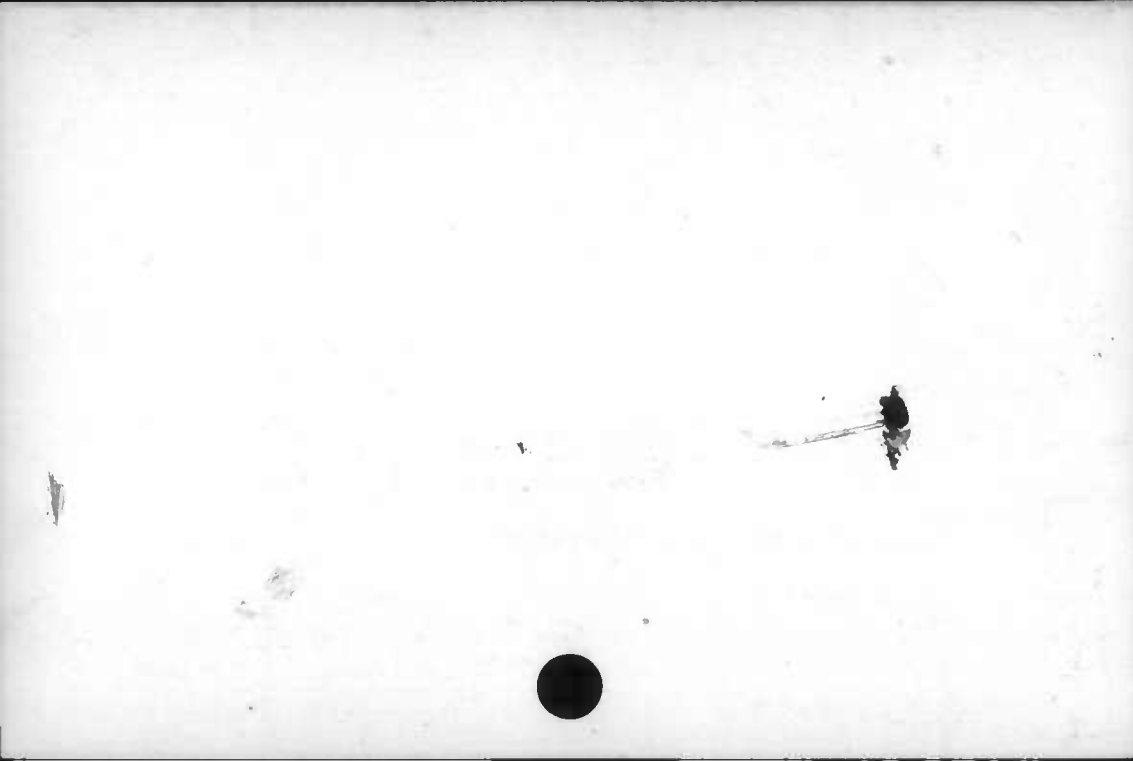
*Annapolis Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER

1



Name  
in  
Full

CERTIFICATE OF DEATH

Minnie Gallaway

Died at *S. Ct.* <sup>Town</sup> *Co Md* <sup>County</sup> *md*

MARYLAND

Date of death 19*10* <sup>Month</sup> *Jan* <sup>Day</sup> *7* <sup>Age</sup> *5* <sup>Years</sup> *5* <sup>Months</sup> *7* <sup>Days</sup>

Sex *Female* Color or Race *Colored* Birth-place *S. Ct. Co Md*

Occupation *School Child* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Richard Gallaway* Father's Birthplace *Md*

Mother's Maiden Name *Virginia Butler* Mother's Birthplace *Md*

Name of person giving Information *Richard Gallaway* How related to deceased *Father*

CAUSES OF DEATH

Primary *Ambustis ex Colone* How long *about 6 hrs*

Immediate *Shock* How long *about 6 hrs*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*John Hone Steen*  
*U.S. Naval Hospital*  
*Annapolis, Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER





Name  
in  
Full

CERTIFICATE OF DEATH

Francis J. Gelhaus

Town

County

MARYLAND

Died at

2nd dist -

Anne Arundel

Date

of death 1960

Month

Jan

Day

13

Age

Years

1

Months

4

Days

Sex

Female

Color or  
Race

White

Birth-  
place

2nd dist Cal. Co. Md

Occupation

Where Raiding if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

F. L. J. Gelhaus

Father's  
Birthplace

Prussia

Mother's  
Maiden Name

Antoinette D. Rehn

Mother's  
Birthplace

Annapolis Md

Name of person giving  
Information

F. L. J. Gelhaus

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Malnutrition

How long

Since birth

Immediate

Bronchitis

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

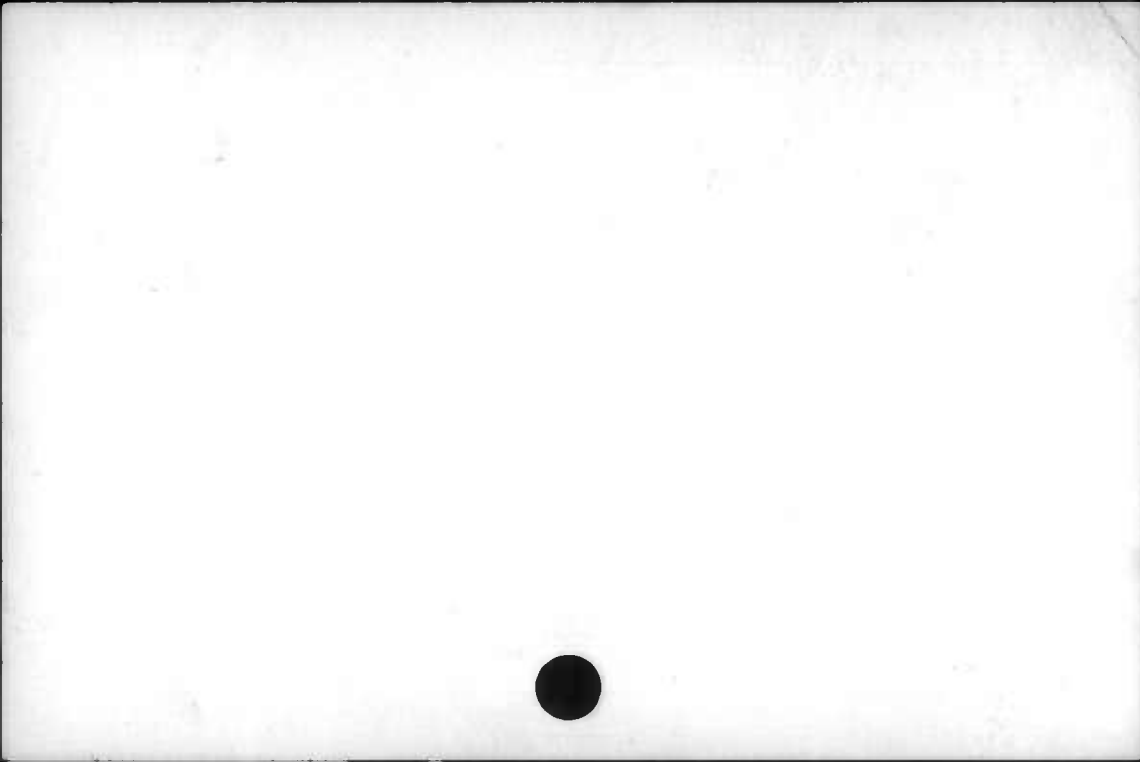
John Purvis  
Annapolis  
Md

Accident or Suicida

no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Washington Gordon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis <sup>County</sup> A-a-  
 Date of death 1910 Jan-8 Age 82.  
 Sex Male Color or Race Colord Birth-place South River Md  
 Occupation Painter Where Residing if not at place of death 120 South Street  
 Married, Single or Widowed Married Name of Wife or Husband Melvina Gordon.  
 Father's Name Richard Gordon. Father's Birthplace South River Md  
 Mother's Maiden Name Ellen Gordon. Mother's Birthplace South River Md  
 Name of person giving Information Addie Gordon Hobbs How related to deceased Daughter.

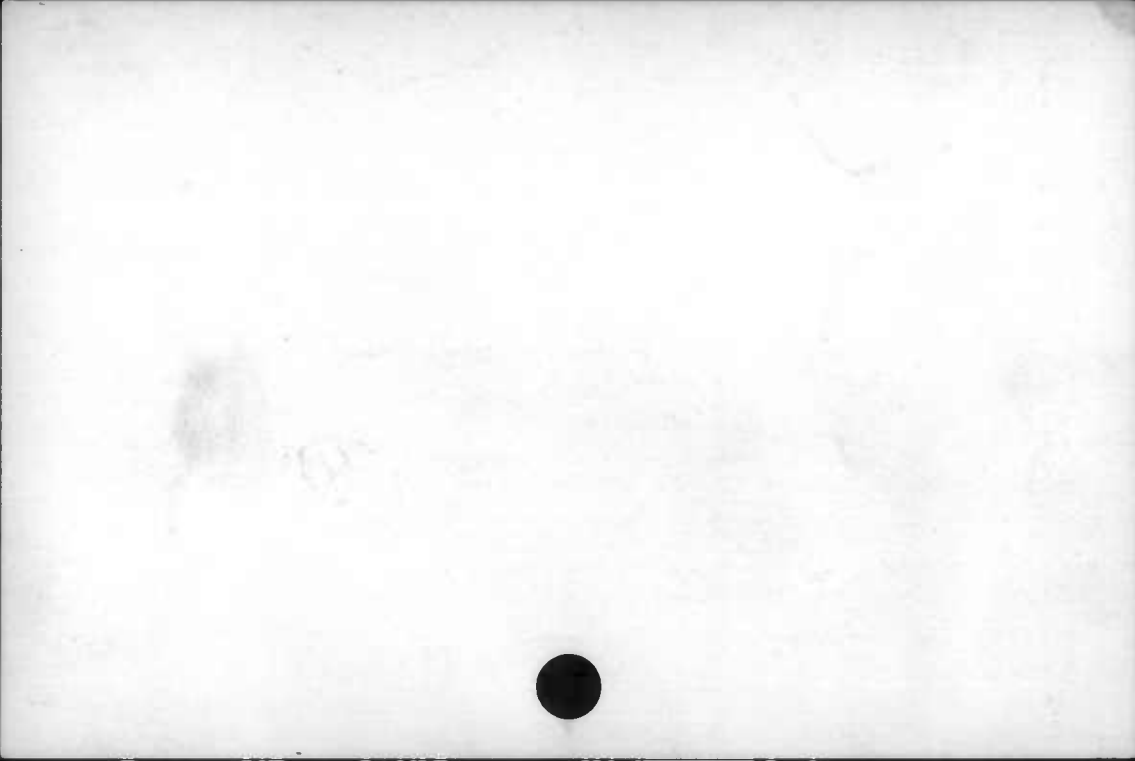
City Cent.

## CAUSES OF DEATH

64 Thompson

Primary Calcareous Degeneration of Arteries Several years.  
 Immediate Cerebral Hemorrhage Jan. 6<sup>th</sup> to 8<sup>th</sup> 1910  
 Are the name, age, sex, color, date and place correctly given above? As far as I am aware of.  
 Signature of Physician J. H. Thompson M.D.  
 Address Annapolis, Md.  
 Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Alonice W. Green</i>		Town <i>St. Marys</i>		County <i>A. A. Co</i>		MAYLAND	
Died at <i>St. Marys</i>		Month <i>Jan</i>		Day <i>3</i>		Years <i>18</i>	
Date of death <i>1900</i>		Month <i>Jan</i>		Day <i>3</i>		Months <i>11</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth- place <i>St. Marys</i>			
Occupation <i>house work</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Oliver L. Green</i>		Father's Birthplace <i>St. Marys</i>					
Mother's Maiden Name <i>Mary C. Green</i>		Mother's Birthplace <i>St. Marys</i>					
Name of person giving Information <i>Oliver L. Green</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

27

How long

How long

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>6 months</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. S. Richard</i>	
Accident or Suicide		Address <i>Annapolis Md</i> <i>R. F. B. No 1</i>	



Name  
in  
Full

Reuben Greenstreet

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

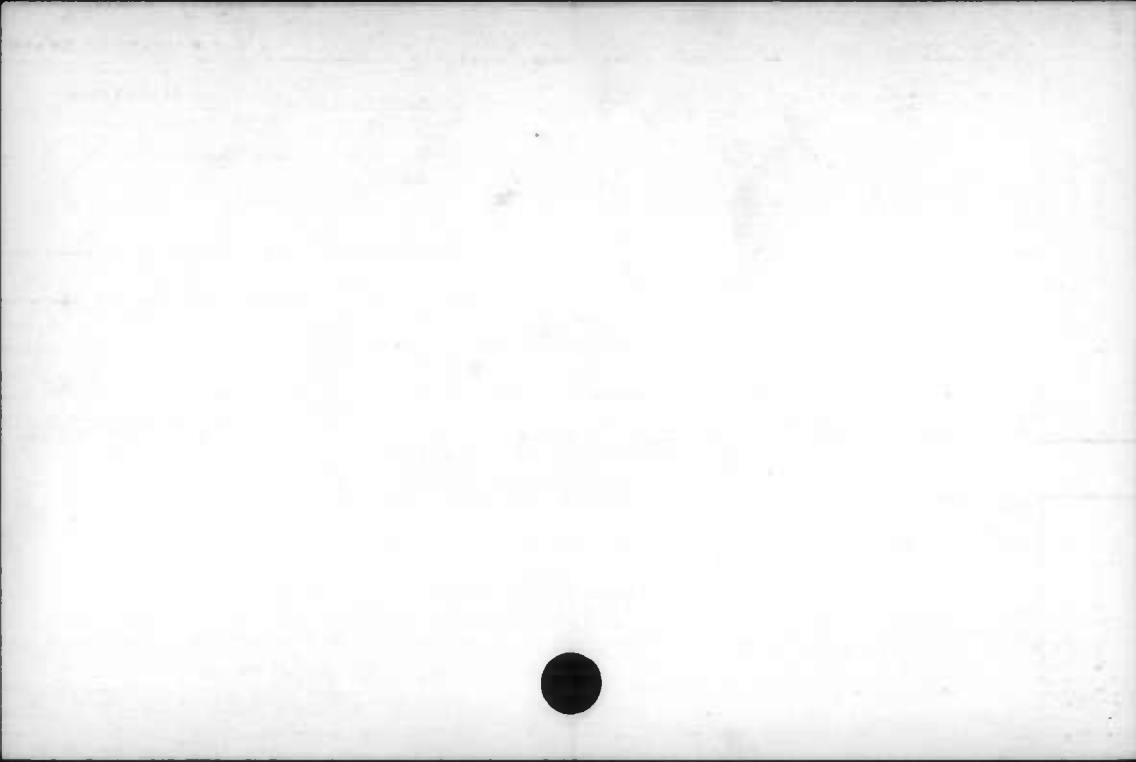
Died at		Town Masonville		County a.a.		MARYLAND	
Date of death		1910	Month Jan	Day 3	Age 35	Years —	Months —
Sex Male		Color or Race White		Birth-place Va			
Occupation Laborer				Where Residing if not at place of death —			
Married, Single or Widowed		Married		Name of Wife or Husband Ida Greenstreet			
Father's Name		Philip Greenstreet		Father's Birthplace		Va	
Mother's Maiden Name		Martha Jordan		Mother's Birthplace		Va	
Name of person giving Information		Joseph Jordan		How related to deceased		Uncle	

CAUSES OF DEATH

Primary	Pneumonia	How long	10 days
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. D. Horton, Jr.	
Address		So. Balto, Md.	
Accident or Suicide			

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

*Gallows*

Town

County

*a a*

Date

of death

1990

Month

Jan

Day

15

Age

Years

—

Months

7

Days

Sex

*Female*

Color or  
Race

*color*

Birth-  
place

*a a to ma*

Occupation

Where Residing if not  
at place of death

*Gallows*

Married, Single  
or Widowed

Name of Wife or  
Husband

*Alexander Hicks*

Father's  
Name

*Alexander Hicks*

Father's  
Birthplace

*a a to ma*

Mother's  
Maiden Name

*Elizabeth Penny*

Mother's  
Birthplace

*a a to ma*

Name of person giving  
Information

*Alexander Hicks*

How related  
to deceased

*father*

CAUSES OF DEATH

Primary

*Pertussis*

How long

*8* *One wk*

Immediate

*Respiratory failure*

How long

*3 days*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

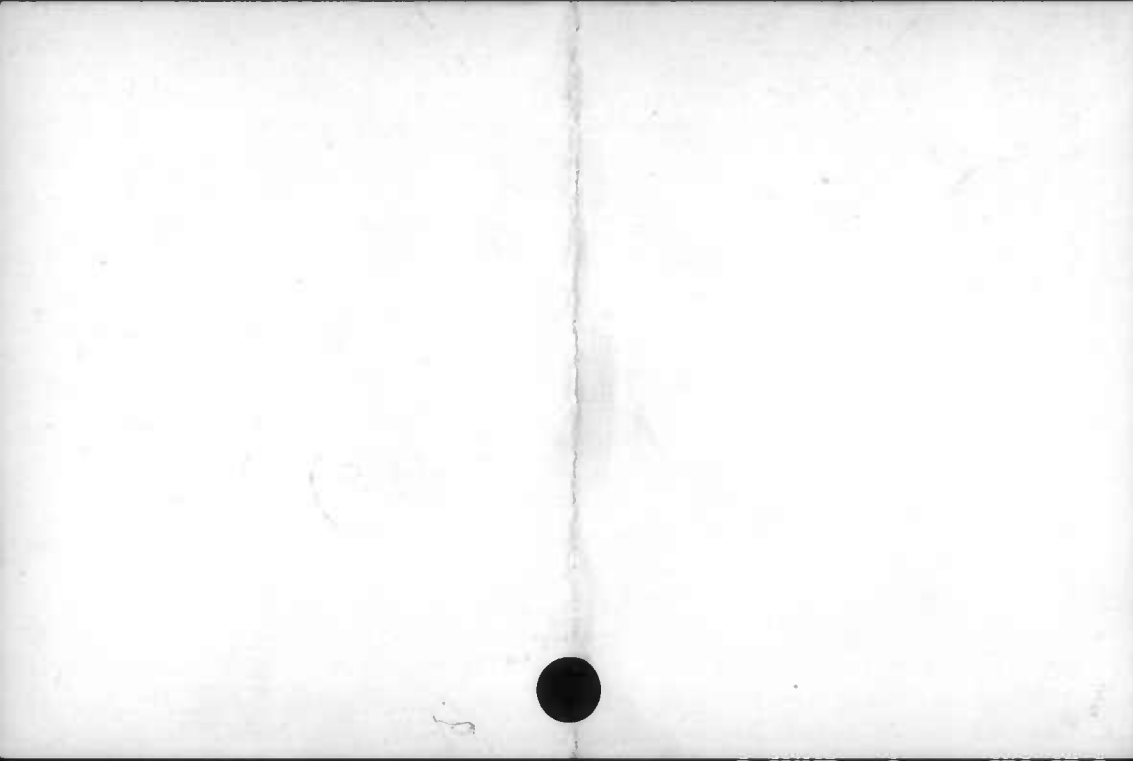
*Marham Oswego MD  
West River Md*

Accident or Suicide

*neither*

PHYSICIAN  
OR CORNER

1



Name  
in  
Full

Sam'l Hodge

CERTIFICATE OF DEATH

Town

County

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Conaway.*

*A. A.*

Date  
of death *1901.*

Month

Day

Years

Months

Days

*Jan*

*27.*

Age

*38.*

Sex

*Male*

Color or  
Race

*Black.*

Birth-  
place

*A. A. Co.*

Occupation

*Laborer*

Where Residing if not  
at place of death

*Conaway.*

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*Juliana Hodge*

Father's  
Name

*Dont know.*

Father's  
Birthplace

*Dont know.*

Mother's  
Maiden Name

*Dont know.*

Mother's  
Birthplace

*Dont know.*

Name of person giving  
Information

*Juliana Hodge*

How related  
to deceased

*wife*

CAUSES OF DEATH

Primary

*Pneumonia*

How long

How long

*2 weeks.*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*W. G. Williams  
Gambrills*

Accident or Suicide

PHYSICIAN  
OR CORONER

1





Name  
in  
Full

Lillian Gladys Hohman

## CERTIFICATE OF DEATH

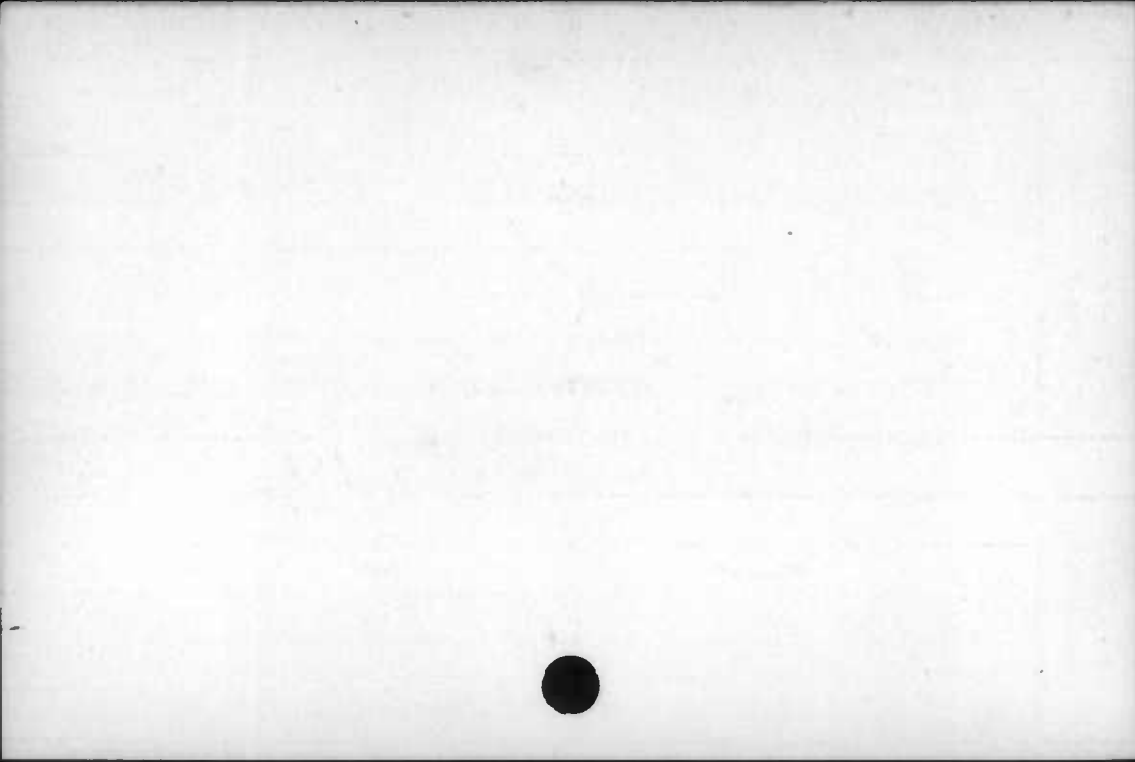
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brownsville</i>		County <i>an</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>24</i>	Age <i>—</i>	Months <i>2</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>721<sup>st</sup></i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John H. Hohman</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Annie Mary Schline</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>John H. Hohman</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Myocarditis</i>	How long <i>1 mo</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Brown</i>
	Address <i>Brownsville</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Edward Howard

Town

County

Died at Annapolis St. St.

Date

of death

1900

Month

Jan

Day

11

Years

Age

89

Months

11

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Md.

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah Howard

Father's  
Name

Isaac Howard

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Annie Madrick

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Senility

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

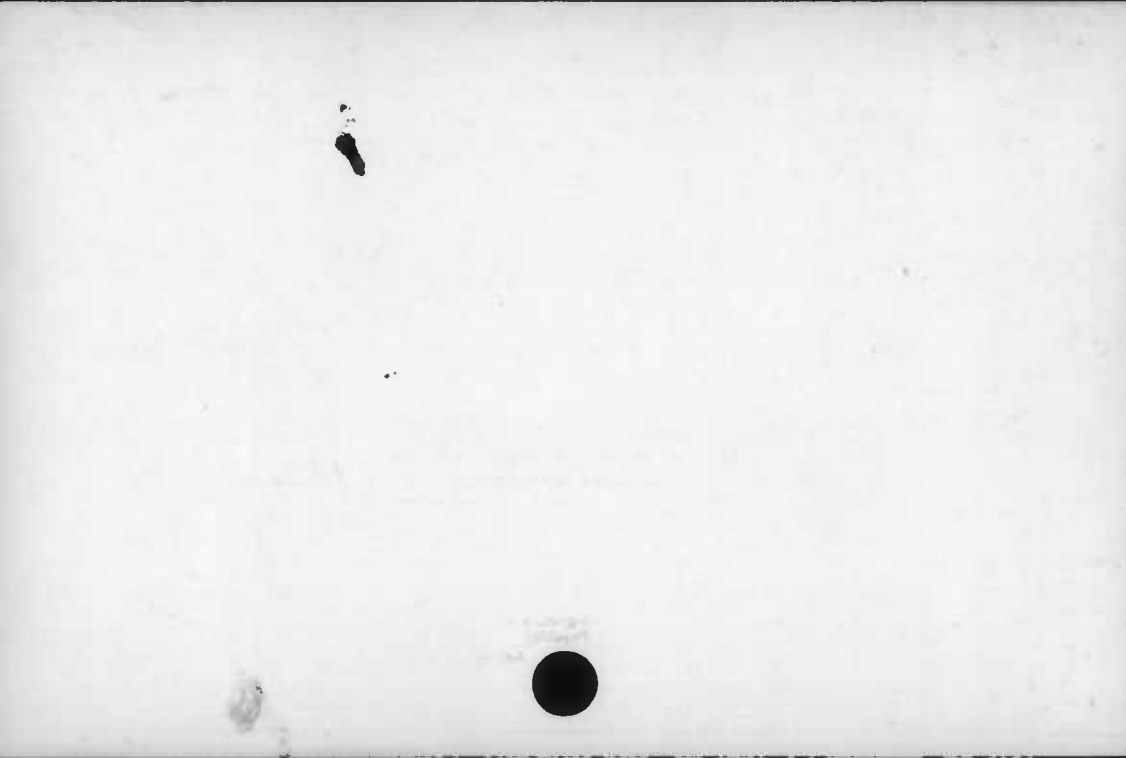
Gradual  
John Ridout, M.D.  
Annapolis  
Md.

How long

How long

Accident or Suicide

PHYSICIAN  
OR CORONER  
1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William R James

Town

County

MARYLAND

Died at St. Margarets

A. A

Date

of death

1940

Month

January

Day

28

Age

46

Months

9

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Annapolis Md.

Occupation

Water-Man

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Rose Whittington

Father's  
Name

John James

Father's  
Birthplace

Easton Shore Md.

Mother's  
Maiden Name

Susan

Mother's  
Birthplace

" "

Name of person giving  
Information

George H. Conrad

How related  
to deceased

Neighbor

## CAUSES OF DEATH

120

Primary

Brights Disease (conic)

How long

2 or 3 years

Immediate

Heart-Failure

How long

A few months

Are the name, age, sex, color, date  
and place correctly given above?

yes

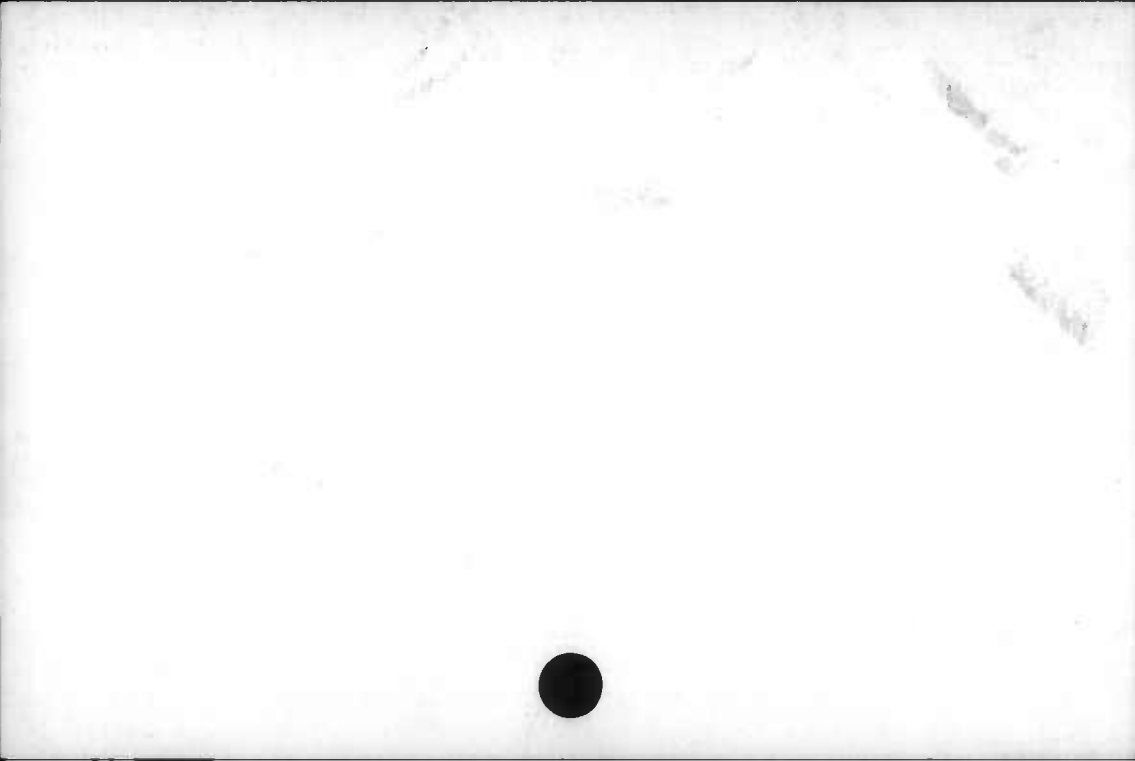
Signature of  
Physician

Address

J. D. Ridout  
Annapolis Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
In  
Full

Charles Herbert Jeffery

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

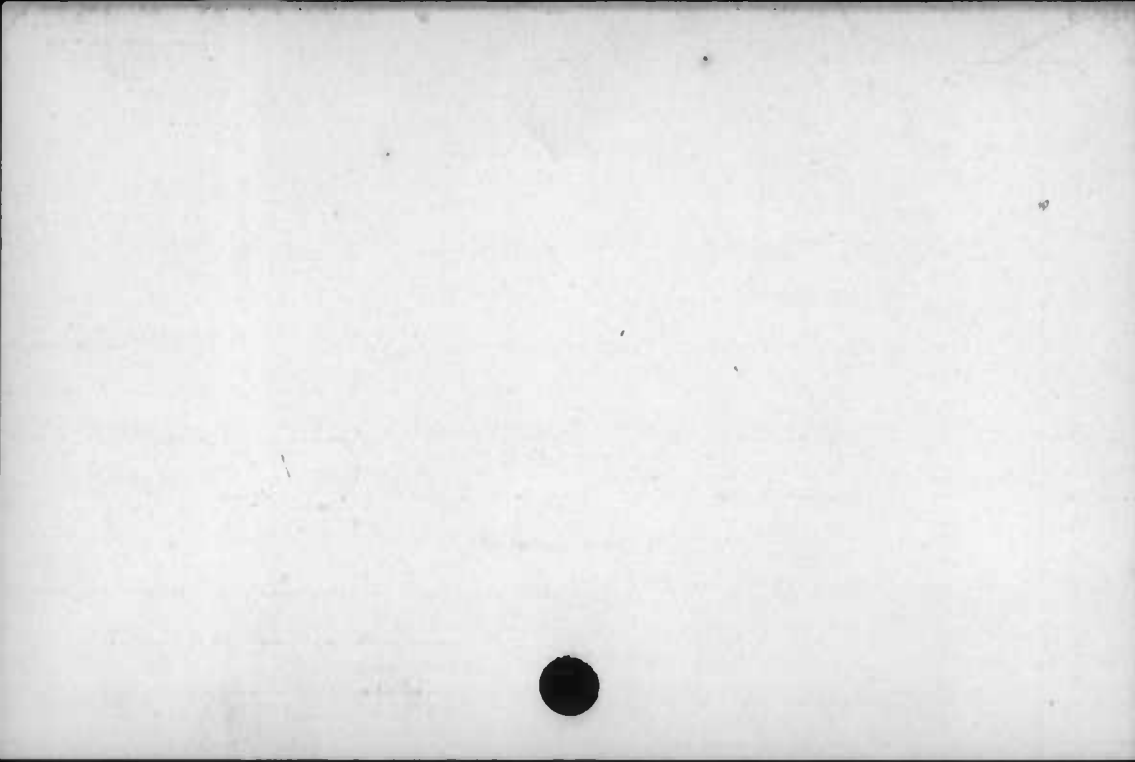
Died at		Town <i>Harman</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
19 <i>40</i>		<i>1</i>	<i>26</i>	Age <i>26</i>	<i>—</i>	<i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harman</i>			
Occupation <i>Telegraph Operator</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Enos Jeffery</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Laura Virginia Stewart</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>L. G. Stewart Jeffery</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis (pulmonary)</i>	How long	<i>Gross history of two years</i>
Immediate	<i>Heart failure</i>	How long	<i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thos. P. Benson</i>	
		Address <i>Hanover</i>	
Accident or Suicide?		<i>Maryland</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Elisbeth Johnson*  
Town *Greenwich* County *Anne Arundel* MARYLAND  
Died at  
Date of death 190 *40* January *20* Day Age *23* Years Months Days  
Sex *Female* Color or Race *Colored* Birth-place *Calvert Co. Md*  
Occupation *Domestic* Where Residing if not at place of death *131 South St*  
Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Johnson*  
Father's Name *Carlisle Chambers* Father's Birthplace *Calvert Co. Md*  
Mother's Maiden Name *Prigilla Jones* Mother's Birthplace *" "*  
Name of person giving Information *James Dorsey* How related to deceased *Son*

CAUSES OF DEATH

Primary *Pneumonia* How long *5 days*  
Immediate *Heart Failure* How long *3 hours*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*P. P. Leece*  
*604 The Adelphi*  
*from 10th St*

Accident or Suicide

*NO*

PHYSICIAN  
OR  
CORONER



Name  
in  
Full

Elizabeth Lurenia Johnson -

## CERTIFICATE OF DEATH

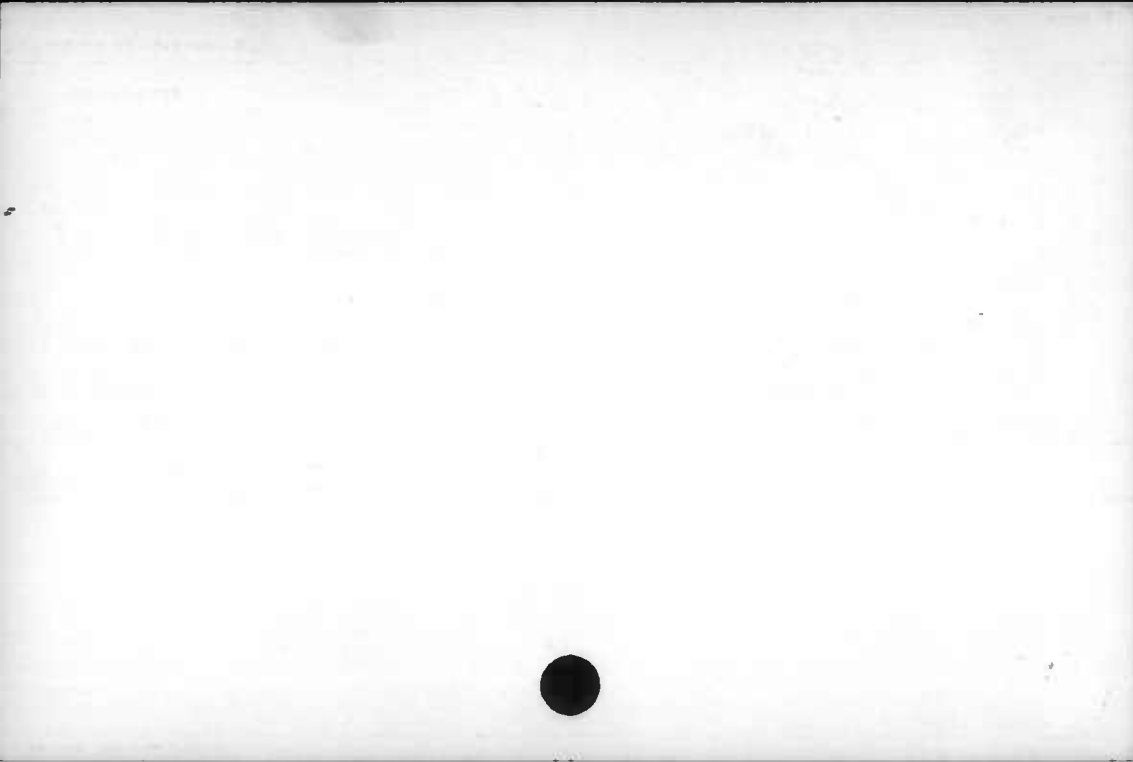
TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Maynard's,		Town		County		Anne Arundel Co		MARYLAND	
Date of death 1960		Month Jan.		Day 26		Age		Months 11	
Sex Female		Color or Race Colored		Birth-place		Anne Arundel Co.		Days 27	
Occupation				Where Residing if not at place of death					
Married, Single or Widowad Single.				Name of Wife or Husband					
Father's Name Johnson				Father's Birthplace Unknown.					
Mother's Maiden Name Anne Cook.				Mother's Birthplace Anne Arundel Co.					
Name of person giving Information William H. Taylor				How related to deceased Friend.					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Pneumonia		How long 93		10 day	
Immediate		Exhaustion		How long 94		Immediate	
Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician James S. Bellingsha M.D.			
				Address Sub-registrar 314 dist. A.G. Co			
Accident or Suicide No				Mq			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Ella Jones.* Town *Ann* County *A. A.* **MARYLAND**

Died at *Ann*

Date of death 19*0* *Jan.* Month *24* Day *1* Age *2* Years *8* Months *8* Days

Sex *Female* Color or Race *Colord* Birth-place *Ann*

Occupation *—* Where Residing if not at place of death *No. 2. Ridout Court*

Married, Single or Widowed *—* Nama of Wife or Husband *—*

Father's Name *Isaac Jones* Father's Birthplace *Christfield Md*

Mother's Maiden Name *Georgie Green* Mother's Birthplace *Ann*

Name of person giving Information *Isaac Jones* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Acute Bronchitis* How long *4 days*

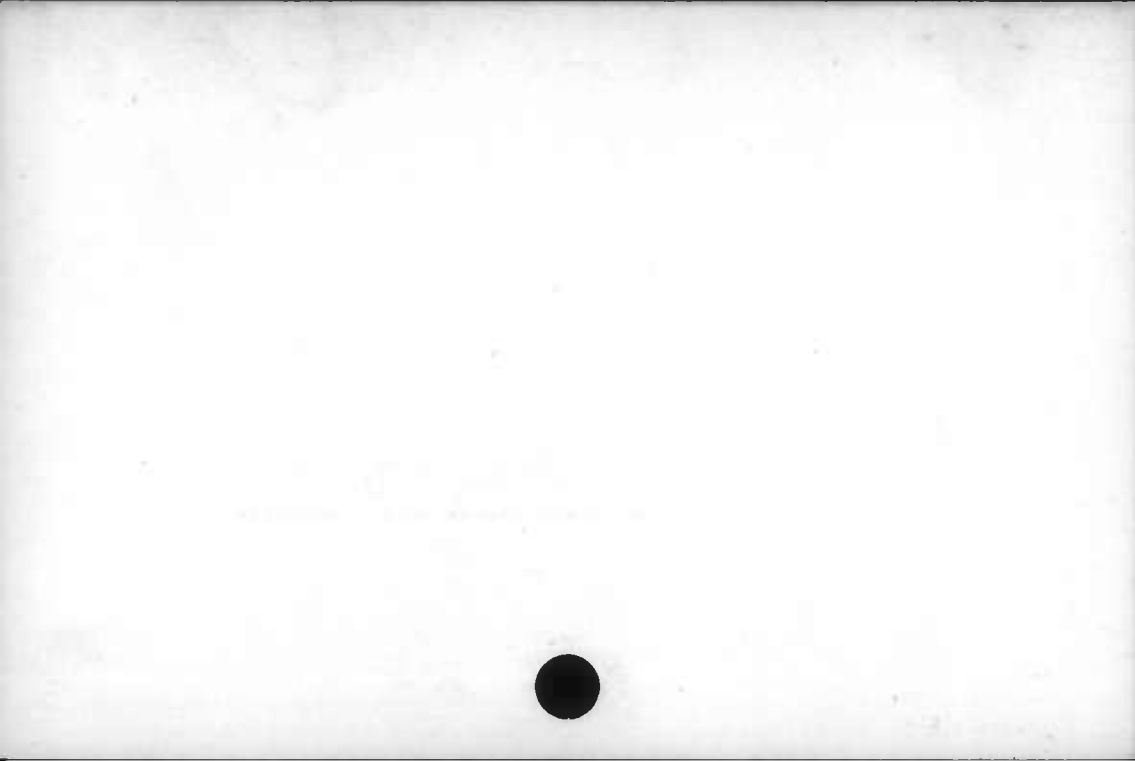
Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ambrose Garcia M.D.* Address *34.2<sup>nd</sup> St*

Accident or Suicide *no*

PHYSICIAN  
OR CORONER



Name in Full		Robert King -		CERTIFICATE OF DEATH	
Died at		Benfield -		County Anne Arundel	
Date of death		1940		Age 60 (5)	
Month		1		Days	
Sex		Male		Color or Race white	
Occupation		Laborer		Birthplace unknown	
Married, Single or Widowed		unknown		Name of Wife or Husband unknown	
Father's Name		unknown		Father's Birthplace unknown	
Mother's Maiden Name		unknown		Mother's Birthplace unknown	
Name of person giving Information		Marvyn Anderson		How related to deceased not related	
CAUSES OF DEATH					
Primary		Gunshot wound		How long 170	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Is this a Suicide		No		acting as coroner	
Place		Millsville		Ind -	

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER







Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Thompson, F. L. Lockett  
Died at Crossroads Town Crossroads County St. Charles MARYLAND  
Date of death 1900 Month 1 Day 21 Age 51 Years Months Days  
Sex Male Color or Race White Birth-place Virginia  
Occupation Captn. mar. Where Residing if not at place of death East St.  
Married, Single or Widowed Widowed Name of Wife or Husband Martha Lockett  
Father's Name Unknown Father's Birthplace Unknown  
Mother's Maiden Name Unknown Mother's Birthplace Unknown  
Name of person giving Information Annie Lockett How related to deceased Daughter

CAUSES OF DEATH

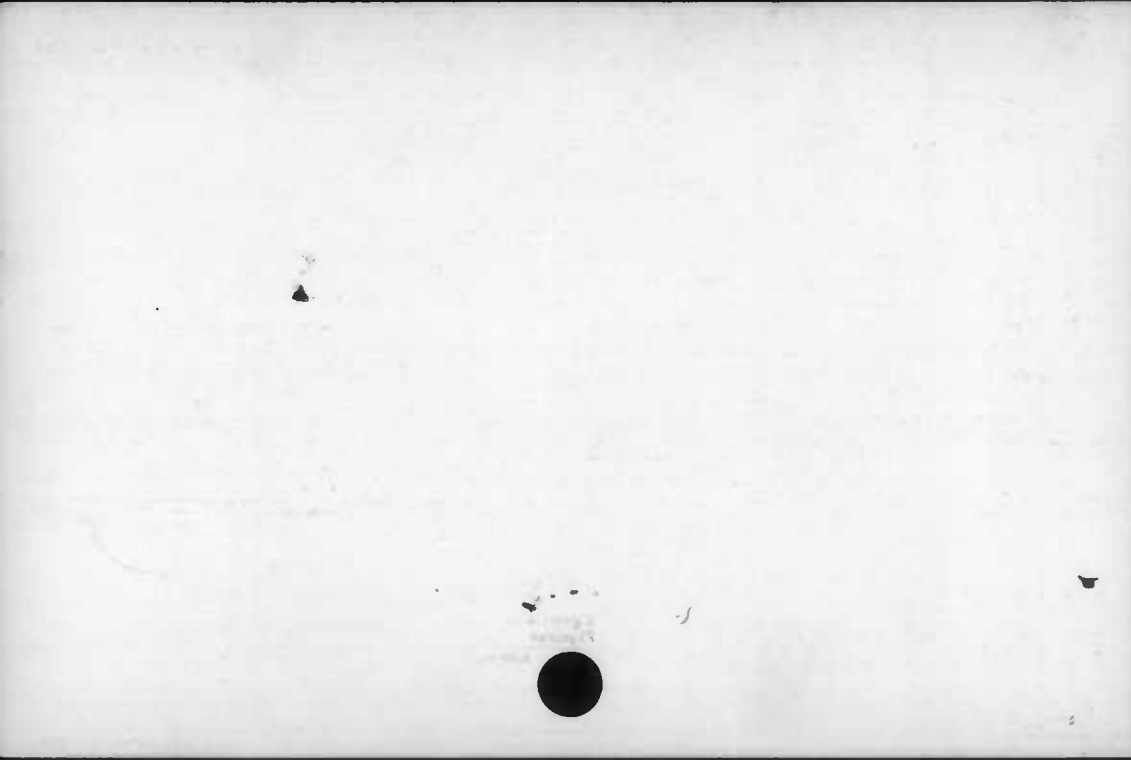
Primary Valv. Heart Disease How long Don't know  
Immediate 79 X  
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Annir R. Long

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

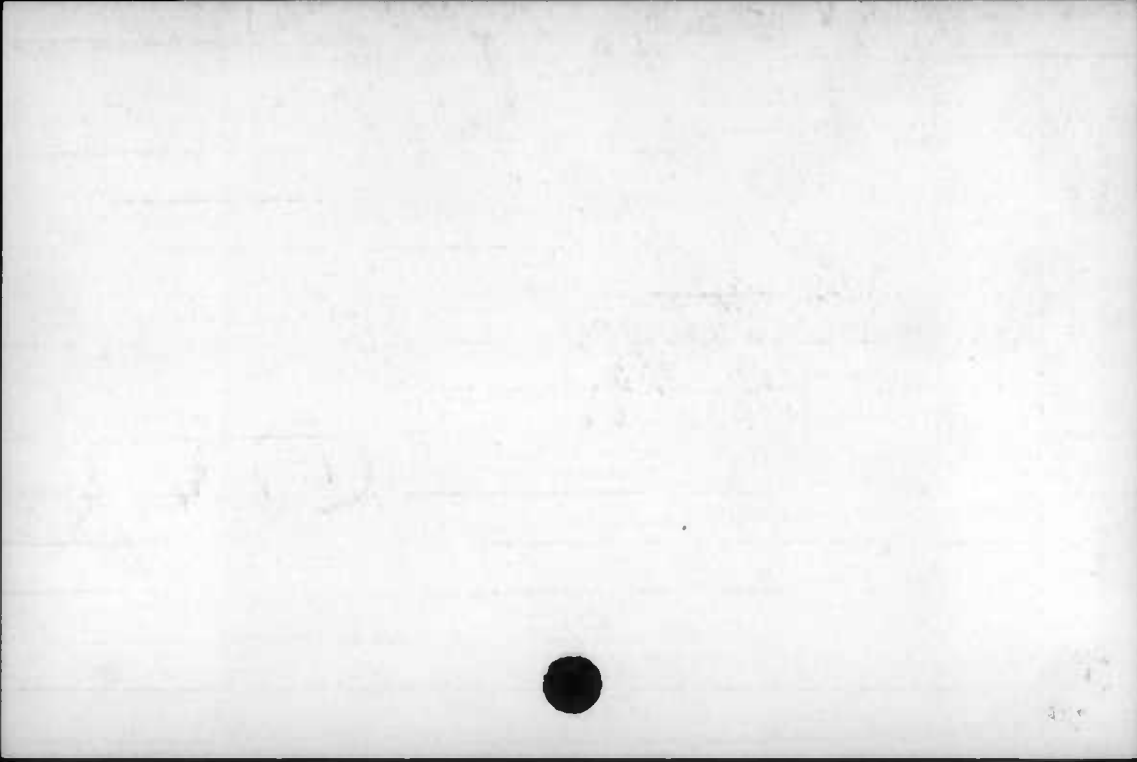
Died at <i>Eastport</i> Town		<i>Admiral</i> County		MARYLAND	
Date of death <i>1910</i>	Month <i>Jan</i>	Day <i>24<sup>th</sup></i>	Age <i>58</i>	Years <i>58</i>	Months <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co., Md</i>		
Occupation <i>house wife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John R. Long</i>				
Father's Name <i>— Wood</i>	Father's Birthplace <i>Orbit Texas</i>				
Mother's Maiden Name <i>Margaret Wood</i>	Mother's Birthplace <i>Calvert Co. (?)</i>				
Name of person giving information <i>John R. Long</i>	How related to decedent <i>Husband</i>				

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>7-8 days</i>
Immediate <i>Abscess Lung (?)</i>	How long <i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Charles Purvis</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>no</i>	<i>Ind</i>

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mary Ofalansky*

Town *Center Bay* County *aa*

Died at *Center Bay*

Date of death *1900 Jun 22* Age *20* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Aus*

Occupation *Housewife* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Jos. Ofalansky*

Father's Name *Son's know* Father's Birthplace *Aus*

Mother's Maiden Name *Son's know* Mother's Birthplace *" "*

Name of person giving information *Jos Ofalansky* How related to deceased *Husband*

CAUSES OF DEATH

*95*

*94*

PHYSICIAN  
OR CORONER

Primary *Congestion of Lungs* How long *4 days*

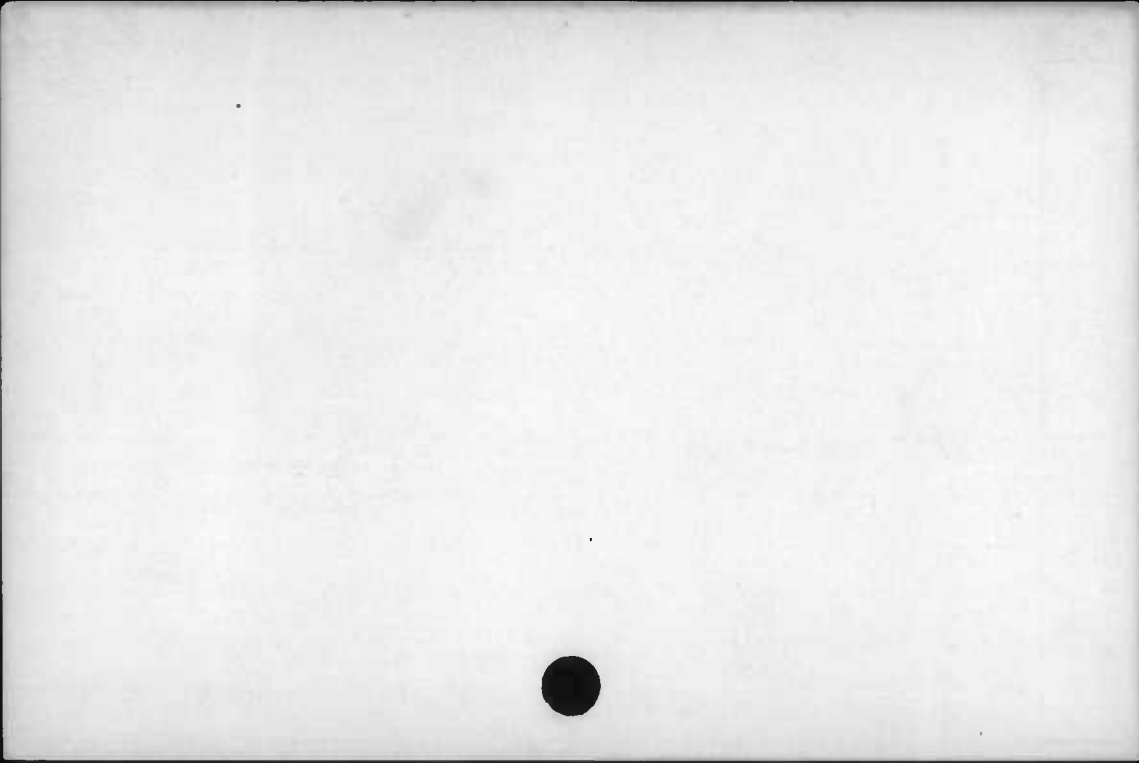
Immediate *exhaustion* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Charles H. Brooke*

Address *Brooklyn, N.Y.*

Accident or Suicide? *No*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *James H. Palmer* Town *Benfield* County *A. A.*

Died at *Benfield*

Date of death *1960 Jan. 25* Age *70* Months *0* Days *0*

Sex *Male* Color or Race *B.* Birth-place *MD*

Occupation *Labourer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Palmer*

Father's Name *Jenkins Palmer* Father's Birthplace *MD*

Mother's Maiden Name *Ether* Mother's Birthplace *MD*

Name of person giving Information *Richard Edwards* How related to deceased *None*

## CAUSES OF DEATH

Primary *Pneumonia* How long *94* *One wk.*

Immediate *✓* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*H. B. Bant*  
*Millsville*

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

Infant - Parker  
Town

County

MARYLAND

Died at

Irmanantown

aa-

Date

of death 190

Month

Jan -

Day

19.

Age

Years

Months

Days

Sex

Male.

Color or  
Race

Colord

Birth-  
place

Irmanantown

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

George Parker

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Comelia Hall

Mother's  
Birthplace

West River

Name of person giving  
Information

George Parker

How related  
to deceased

Father

Asbury Cemt

CAUSES OF DEATH

Primary

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR  
CORONER

1

James H. Dennis  
92 West St.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Peter Parker

Town

County

Died at

Annapolis Md Annapolis MARYLAND

Date

of death 1900

Month

Day

Years

Months

Days

10 January 12 Age 45

Sex

Color or  
Race

Birth-  
place

Male Colored Annapolis

Occupation

Where Residing if not  
at place of death

Laborer 42 North Maryland St

Married, Single  
or Widowed

Name of Wife or  
Husband

Married Margaret Parker

Father's  
Name

Father's  
Birthplace

John Parker G. Co. Md.

Mother's  
Maiden Name

Mother's  
Birthplace

Ellen Harrison Annapolis

Name of person giving  
Information

How related  
to deceased

Augustus Bann friend

CAUSES OF DEATH

Primary

Pneumonia

How long

one week

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

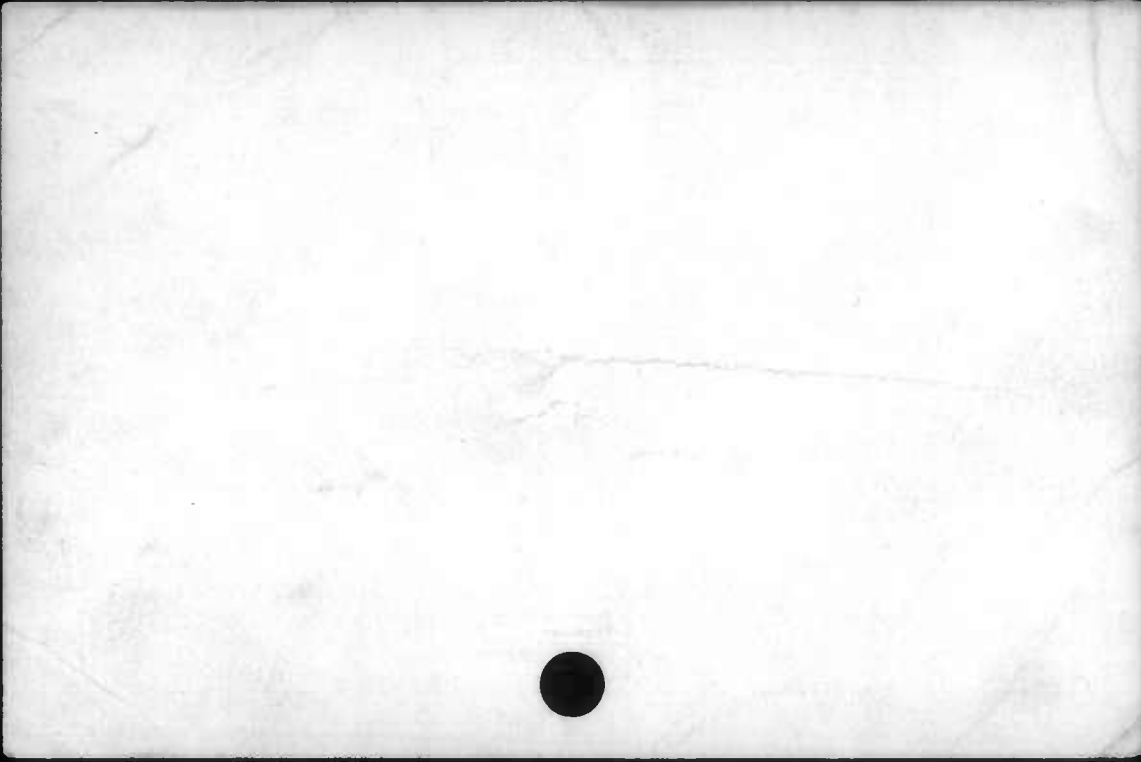
Address

Ambrose Garcia M.D.  
34. 2nd St

Accident or Suicide

PHYSICIAN  
OR CORONER

1



<b>Name in Full</b> <i>Richard G. Phipps</i>		<b>CERTIFICATE OF DEATH</b>	
<b>Town</b> <i>Gambrells</i>		<b>County</b> <i>A. A.</i>	
<b>Died at</b>		<b>MARYLAND</b>	
<b>Date of death</b> 1900 Jan 11	<b>Month</b> <i>Jan</i>	<b>Day</b> <i>11</i>	<b>Age</b> <i>2</i>
<b>Sex</b> <i>Male</i>	<b>Color or Race</b> <i>Wh.</i>	<b>Birthplace</b> <i>A. A. Co.</i>	<b>Months</b> —
<b>Occupation</b> <i>None</i>		<b>Where Residing if not at place of death</b> —	
<b>Married, Single or Widowed</b> <i>Single</i>		<b>Name of Wife or Husband</b> —	
<b>Father's Name</b> <i>Geo. W. Phipps</i>		<b>Father's Birthplace</b> <i>A. A. Co.</i>	
<b>Mother's Maiden Name</b> <i>Manerva Cook</i>		<b>Mother's Birthplace</b> <i>A. A. Co.</i>	
<b>Name of person giving Information</b> <i>G. W. Phipps</i>		<b>How related to deceased</b> <i>Nephew</i>	
<b>CAUSES OF DEATH</b>			
<b>Primary</b> <i>Pneumonia</i>		<b>How long</b> <i>2 wks</i>	
<b>Immediate</b> <i>Unchanged</i>		<b>How long</b> <i>10 days</i>	
<b>Are the name, age, sex, color, date and place correctly given above?</b> <i>Yes</i>		<b>Signature of Physician</b> <i>H. B. Gant</i>	
<b>Address</b> <i>McLureville</i>		<b>Address</b> <i>McLureville</i>	
<b>Physician or Coroner</b> <i>1</i>			
<b>Accident or Suicide</b>			



Name  
in  
Full

CERTIFICATE OF DEATH

Eugene Harry Powell

Town

County

MARYLAND

Died at

Harwood

Cal Co

Date

of death

1960 Jan

Day

25

Age

Years

Months

Days

13

Sex

Male

Color or  
Race

Colored

Birth-  
place

Harwood

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Joseph Harry Powell

Father's  
Birthplace

Cal Co

Mother's  
Maiden Name

Jane Powell

Mother's  
Birthplace

Cal Co

Name of person giving  
Information

Wesley Powell

How related  
to deceased

Grandfather

CAUSES OF DEATH

8

Primary

Pertussis

How long

1 month

Immediate

Respiratory failure

How long

5 1/2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Maclane Camwood MD

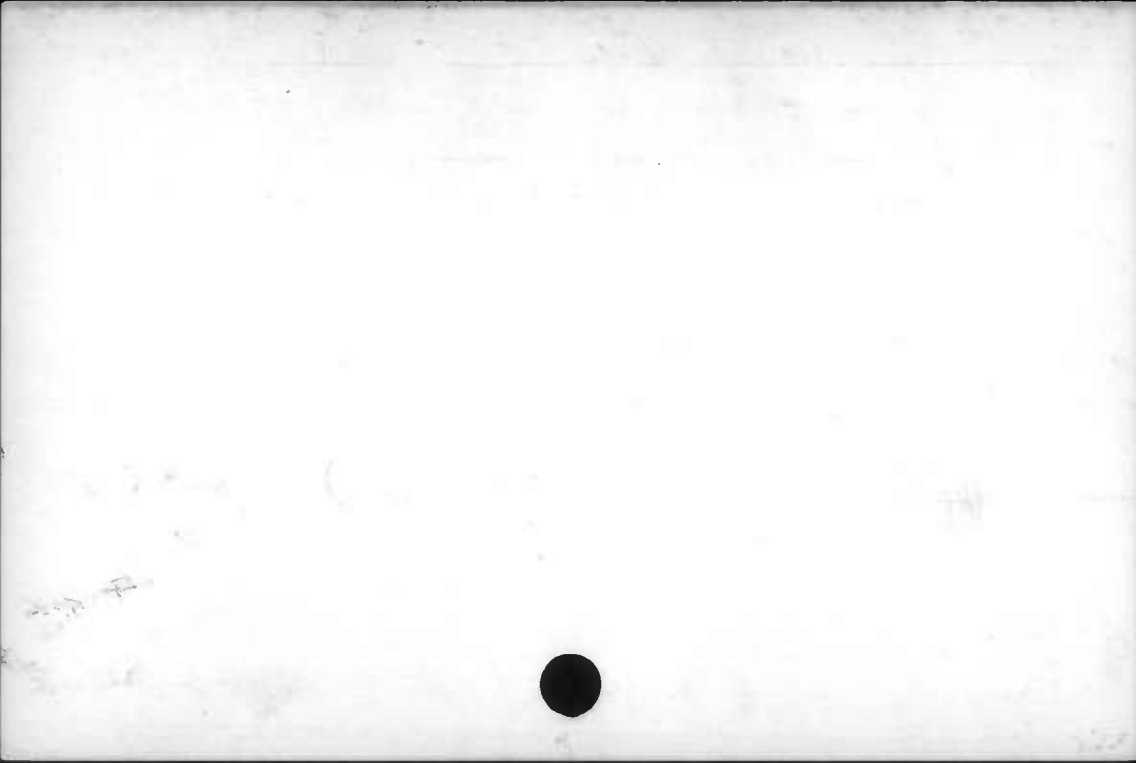
Address

12345 Pine

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Gilbert - Queen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Stoney Run* Town *Anne Arundel* County **MARYLAND**Date of death 19*80* Month *Jan* Day *29* Age *1* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *A C Md*Occupation Where Residing if not at place of death *Died at residence*

Married, Single or Widowed Name of Wife or Husband

Father's Name *Thomas Ridgey Queen*Father's Birthplace *A C Md*Mother's Maiden Name *Salome H Gibson*Mother's Birthplace *A C Md*Name of person giving Information *Wesley Hammond*How related to deceased *Friend*

## CAUSES OF DEATH

Primary *Pneumonia*How long *7 days*Immediate *Pneumonia + exhaustion*How long *7 days*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*C R Whitman*

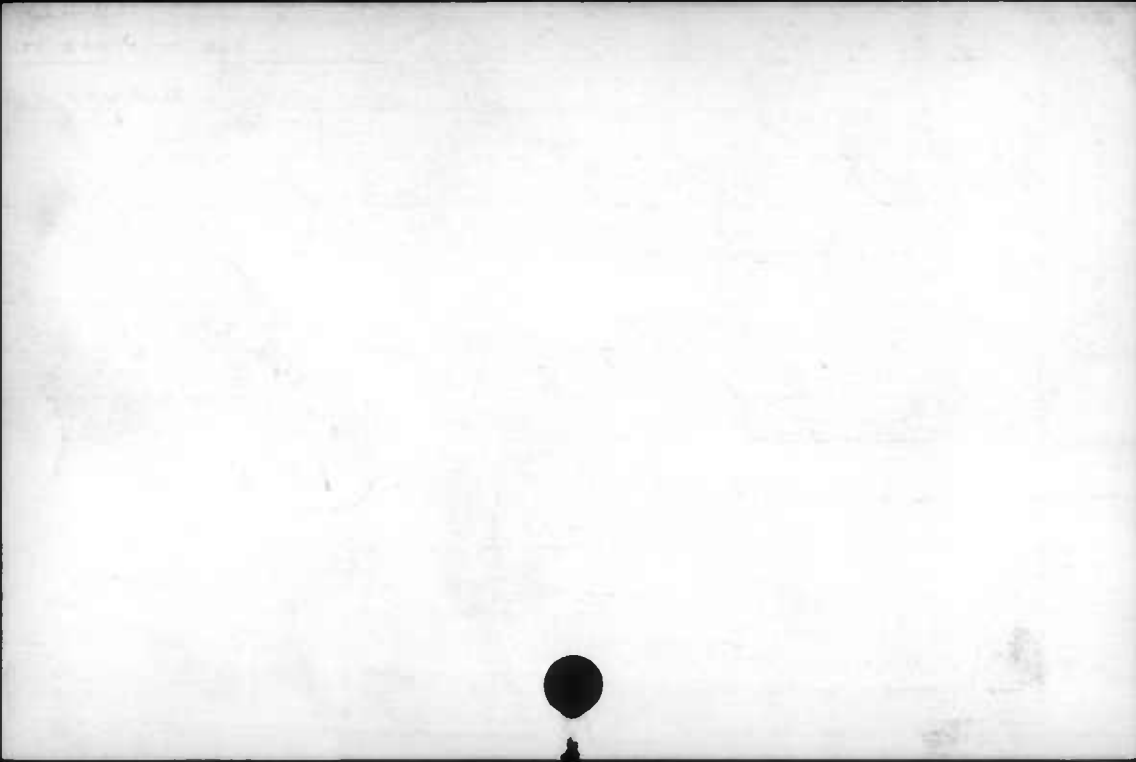
Address

*Hanover Maryland*

Accident or Suicide

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Ritter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Annapolis Town Anne Arundel County MARYLAND  
Date of death 1900 Month Jan Day 19 Age 0 Years 0 Months 0 Days 0  
Sex Female Color or Race White Birth-place Annapolis  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
Father's Name Charles Ritter Father's Birthplace Balto Md  
Mother's Maiden Name Mary Silcomanas Mother's Birthplace Morganville N.J.  
Name of person giving Information Charles Ritter How related to deceased Brother

CAUSES OF DEATH

Primary Still Birth

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Walton H Hopkins M.D.

Address



Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Still Born Peruvian

CERTIFICATE OF DEATH

Town

County

Died at

German Town Anne Arundel

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1900 Jan 26

Age

Sex

Male

Color or  
Race

Colored

Birth-  
place

German Town

Occupation

Where Residing if not  
at place of death

"

~~Married~~ Single  
~~as Widowed~~

Nama of Wife or  
Husband

Father's  
Name

Louis Richardson

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Lizzie Peruvian

Mother's  
Birthplace

Nama of person giving  
Information

father

How related  
to deceased

CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

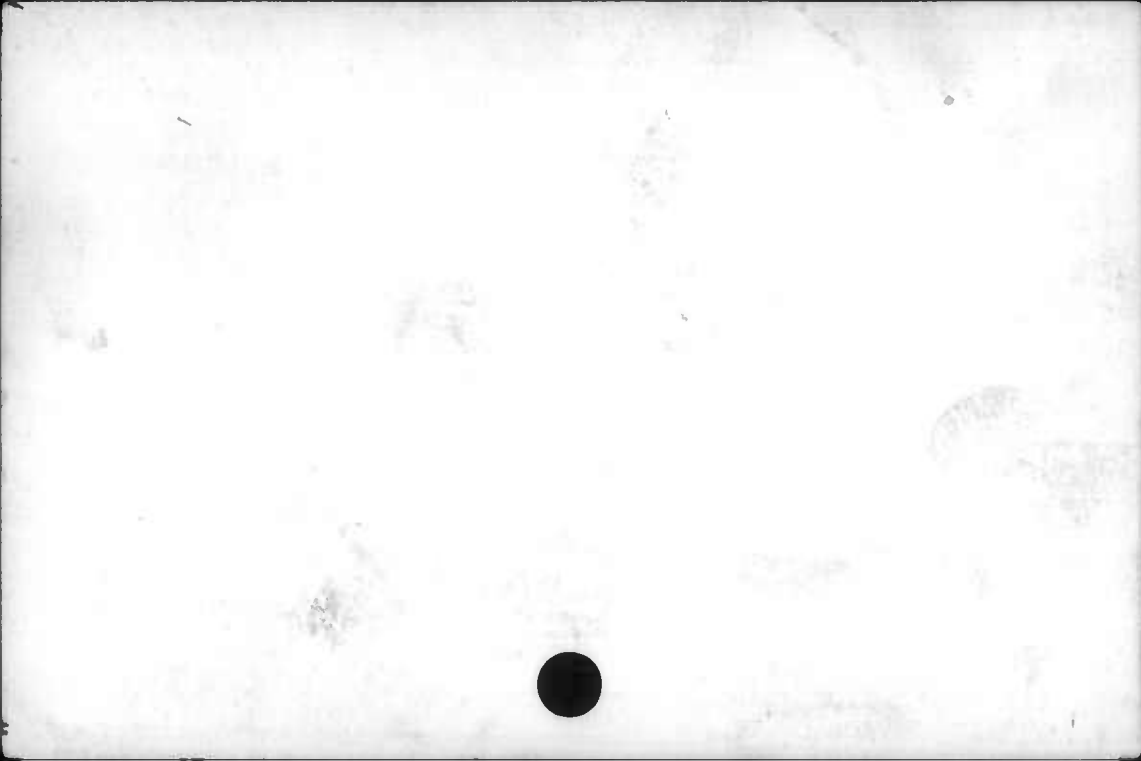
Address

John Ridout  
Annapolis  
Md

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Louisa V. Rodgers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

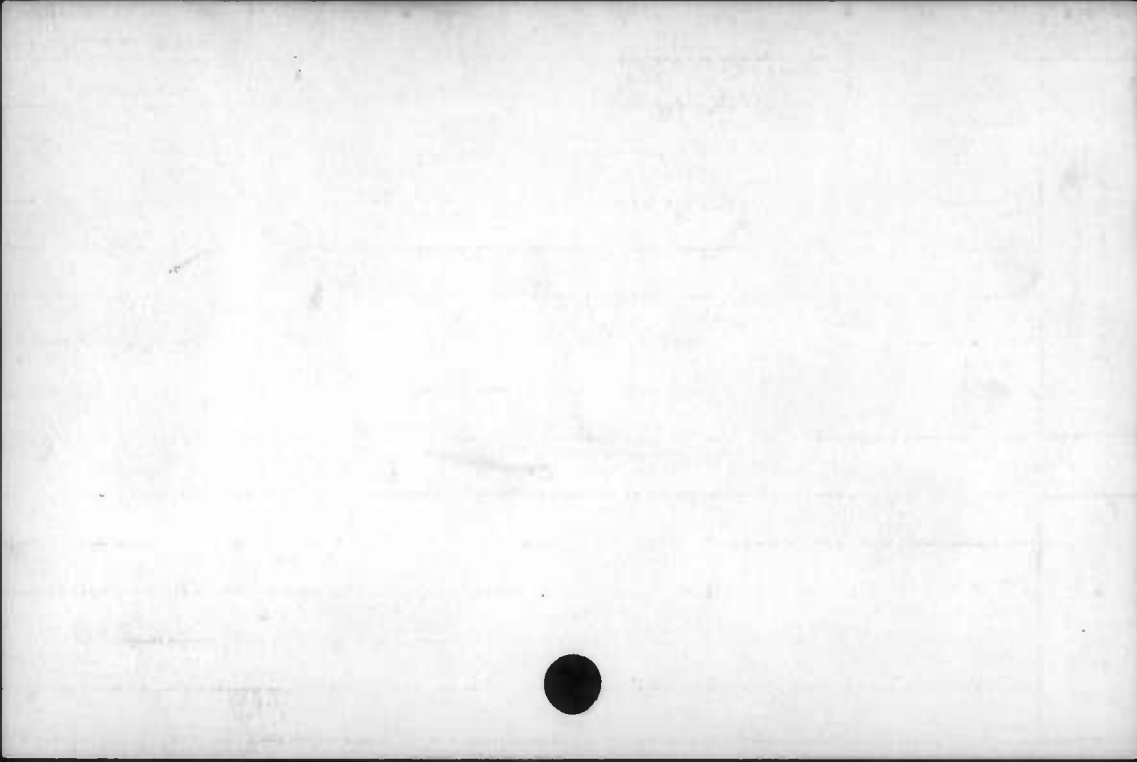
Died at <i>Curtis Bay</i>		County <i>aa. Co.</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>4</i>	Age <i>55</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Andrew J. Rodgers</i>				
Father's Name <i>John Chaney</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Ross</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Mr. J. Chaney</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>35 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. Campbell MD</i>
	Address <i>1644 Hanover St. Baltimore, Md.</i>
Accident or Suicide? <i>(1)</i>	





Name  
in  
Full

Sarah E Sellman

CERTIFICATE OF DEATH

Town

County

Died at

Harwood

a a

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1940 Jan

15

Age

2

Sex

Female

Color or  
Race

color

Birth-  
place

a a b m d

Occupation

Where Residing if not  
at place of death

Harwood Md

Married, Single  
or Widowed

Name of Wife or  
Husband

~~Thomas Sellman~~

Father's  
Name

Thomas Sellman

Father's  
Birthplace

a a b m d

Mother's  
Maiden Name

Anne Parker

Mother's  
Birthplace

a a b m d

Name of person giving  
Information

Thomas Sellman

How related  
to deceased

father

CAUSES OF DEATH

Primary

~~Asphyxia~~

How long

3 hrs

Immediate

~~Respiratory failure~~

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

~~William Cannon Md~~

~~1111 Rte 1~~

~~Md~~

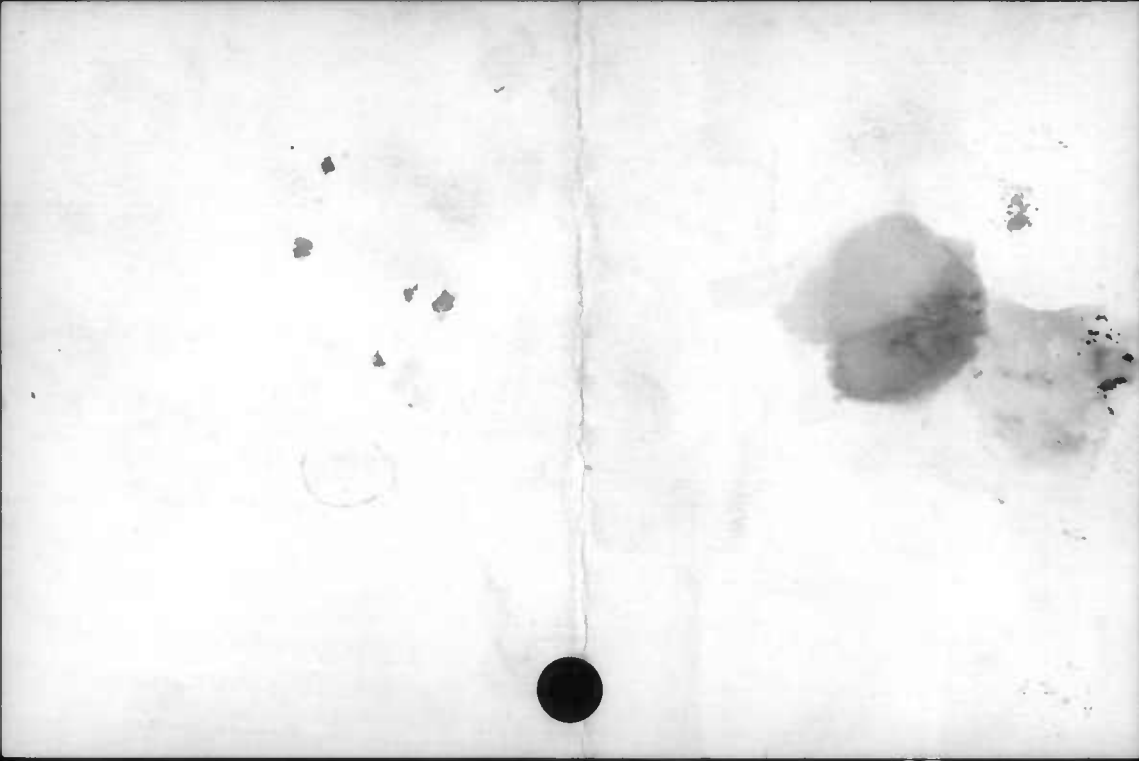
Accident or Suicide

neither

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Louisa Sellner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

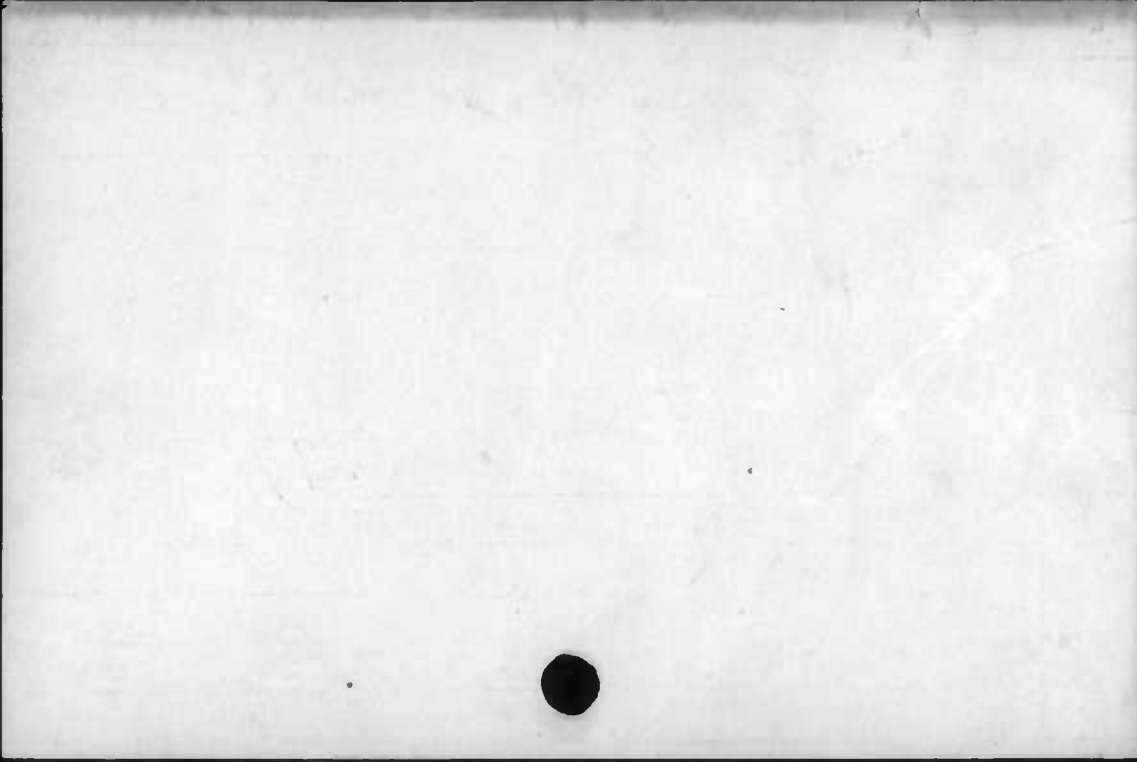
Died at <i>Jessup</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1960</i>	Month <i>1</i>	Day <i>23</i>	Age <i>40</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>House-wife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Sellner</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Joseph Sellner</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>12 months</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Hammond</i>
	Address <i>Jessup Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Charlotte Sharps* Town *Annapolis* County *Anne Arundel* MARYLAND  
Died at *Annapolis*  
Date of death *1900 July 28* Age *8*  
Sex *Female* Color or Race *Colored* Birth-place *Annapolis*  
Occupation *School Child* Where Residing if not at place of death *122 Calvert St.*  
Married, Single or Widowed *Child* Name of Wife or Husband  
Father's Name *Richard Sharps* Father's Birthplace *Annapolis*  
Mother's Maiden Name *Mama Henderson* Mother's Birthplace  
Name of person giving Information *" Sharps* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Broncho-Pneumonia*  
Immediate *Convulsions*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*P. P. Sharps*  
*67 Calvert St.*  
*Annapolis Md*

*92*  
How long

*3 days*  
*4 hours*

PHYSICIAN  
OR CORONER

*1*

Accident or Suicide

*no*

25.11.11



Name  
in  
Full

Sarah Jean Dimmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Churckton</u>		Town		<u>A.D.</u>		County	
Date of death <u>1960 Jan 23</u>		Month		Day		Years	
Sex <u>Female</u>		Color or Race <u>White</u>		Age <u>4</u>		Months <u>1</u> Days <u>14</u>	
Occupation <u>None</u>		Birth-place <u>A.D. Co., Ind</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>					
Father's Name <u>R. Frank Dimmons</u>		Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Margaret Donighan</u>		Mother's Birthplace <u>Scotland</u>					
Name of person giving Information <u>R. Frank Dimmons</u>		How related to deceased <u>Father</u>					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Cause <u>Meas. and autrium</u>	How long <u>2 weeks</u>
<u>Toxemia from Pus Absorption</u>	How long <u>2 days</u>
Immediate Cause <u>Exhaustion</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. J. Lent</u>
	Address <u>Churckton</u>
Accident or Suicide <u>-</u>	

144





Name  
In  
Full

Paul P. Skodis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

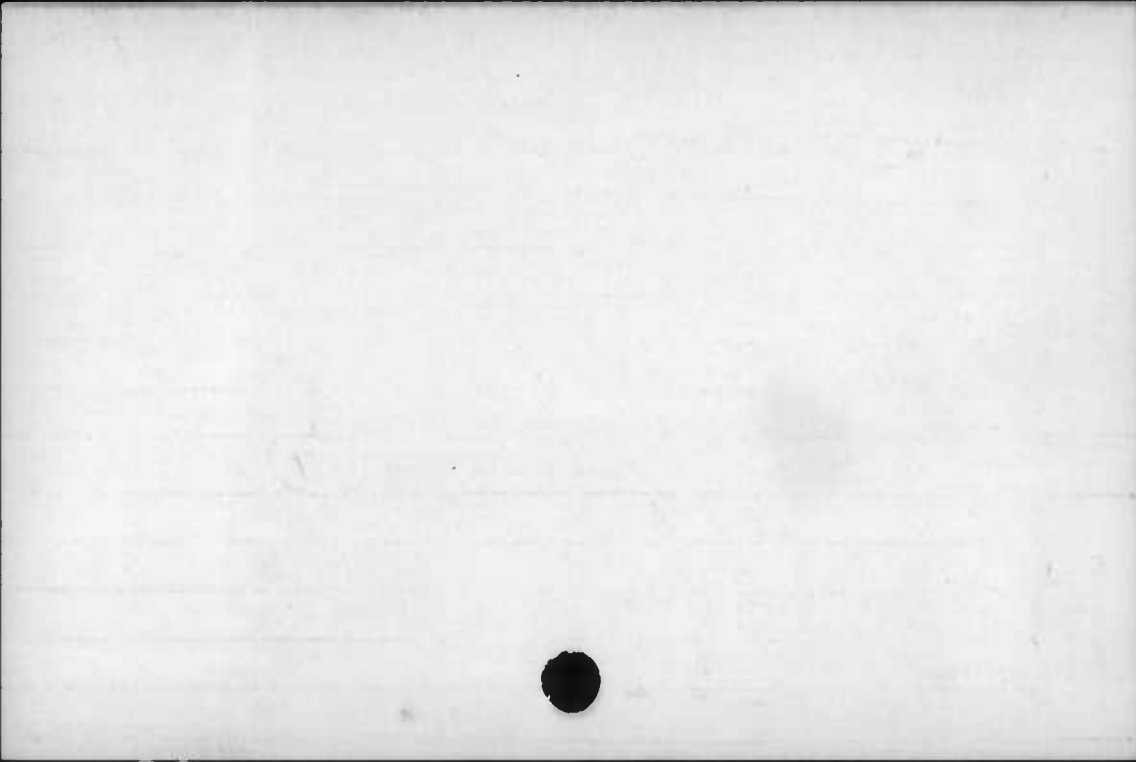
Died at		Curtis Bay		A. A. Co.		MARYLAND	
Date of death	1910	Month	Jan.	Day	27	Age	2
Sex	M	Color or Race	W.	Birth-place	Curtis Bay, A. A. Co.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Adolph Skodis			Father's Birthplace Russia			
Mother's Maiden Name	Annie Skodis			Mother's Birthplace Russia			
Name of person giving information	Mrs A Skodis (mother)			How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Mal-nutrition	How long	1 mo
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. S. Keer	
Address		619 Patterson Park Ave	
Accident or Suicide?			



Name  
in  
Full

Elizah Smothers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lothian <sup>Town</sup> Anne Arundel <sup>County</sup> MARYLAND

Date of death 1990 Jan. <sup>Month</sup> 6 <sup>Day</sup> Age 70 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>

Sex Male Color or Race Colored Birth-place Anne Arundel Co.

Occupation Nothing Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Martha Smothers

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Roman Evans How related to deceased Step Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Fracture of Rib 93 4 years

Immediate Empyema 6 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Maxwell Cammery M.D. Address West River

Accident or Suicide —



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at *East - Port - Anne* County *Anne Arundel* MARYLAND  
 Town Month Day Years Months Days

Date of death *1960 Jan. 10* Age *62*

Sex *Male* Color or Race *White* Birth-place *Annapolis*

Occupation *Waterman* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Sally F. Stewart*

Father's Name *Caleb Stewart* Father's Birthplace *Annapolis*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Sally F. Stewart* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *about 12 or 16 yrs*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John Purvis*

Address *Annapolis Md.*

Accident or Suicide *no*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

Sidney Theophilus Thompson

## CERTIFICATE OF DEATH

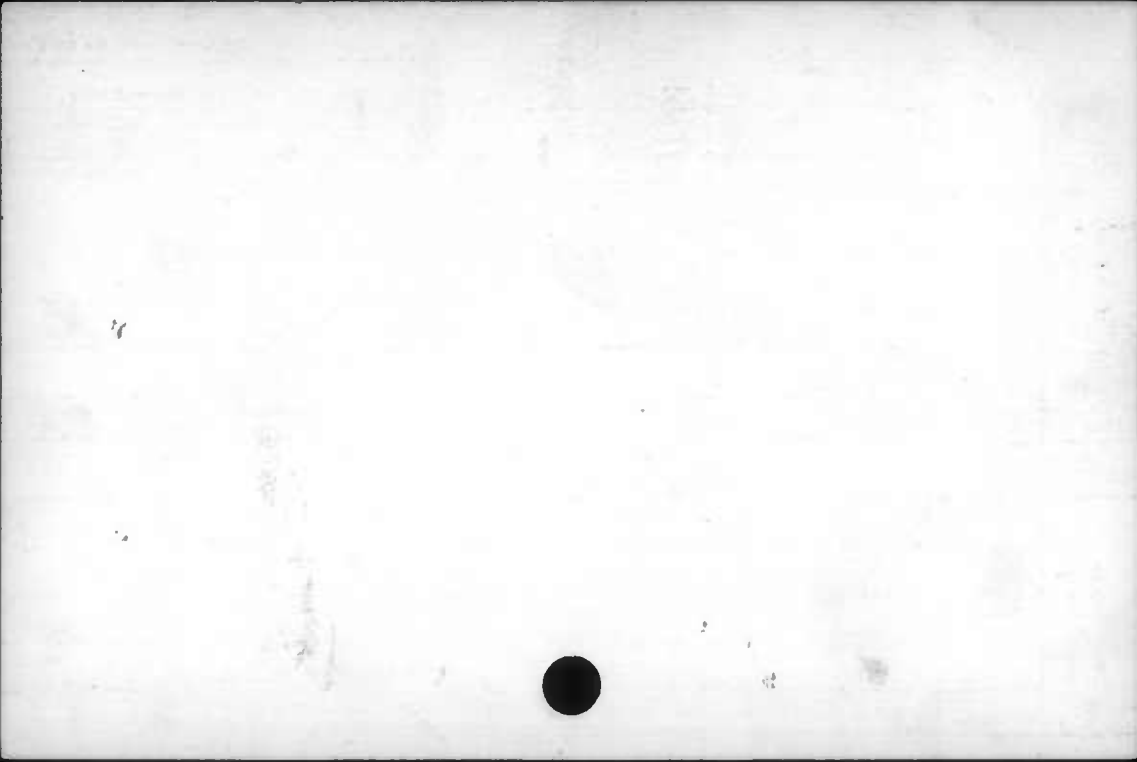
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Burchton</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>10</u> <u>Jan</u> <sup>Month</sup>		<u>23</u> <sup>Day</sup>	Age <u>21</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u>12</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Burchton Md</u>			
Occupation <u>Cystrman</u>	Where Residing if not at place of death <u>                    </u>				
Married, Single or Widowed <u>Married</u>	Name of Wife - <u>Ellen M Scott</u>				
Father's Name <u>Theophilus Thompson</u>	Father's Birthplace <u>A. A. Co.</u>				
Mother's Melden Name <u>Susana Taylor</u>	Mother's Birthplace <u>A. A. Co.</u>				
Name of person giving Information <u>Theophilus Thompson</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	<u>27</u> <sup>How long</sup>	<u>2 yrs +</u>
Immediate <u>Hemorrhage, exhaustion</u>	<u>4</u> <sup>How long</sup>	<u>days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. P. W. Wilson</u>	Address <u>Burchton - A. A. Co. Md.</u>
Accident or Suicide		

PHYSICIAN  
OR CORONER





Name  
in  
Full

Fanny May Tongue

CERTIFICATE OF DEATH

Died at Hammond Town Q & Q County

MARYLAND

Date of death 1905 Month Jan Day 12 Age 2 Years Months 6 Days

Sex Female Color or Race Colored Birth-place

Occupation Female Where Residing if not at place of death Hammond

Married, Single or Widowed — Name of Wife or Husband

Father's Name Richard Tongue

Father's Birthplace Q & Q, Md

Mother's Maiden Name Hester Morland

Mother's Birthplace Q & Q, Md

Name of person giving Information Richard Tongue

How related to deceased Father

CAUSES OF DEATH

Primary Pertussis How long 2 Weeks

Immediate Respiratory Failure How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

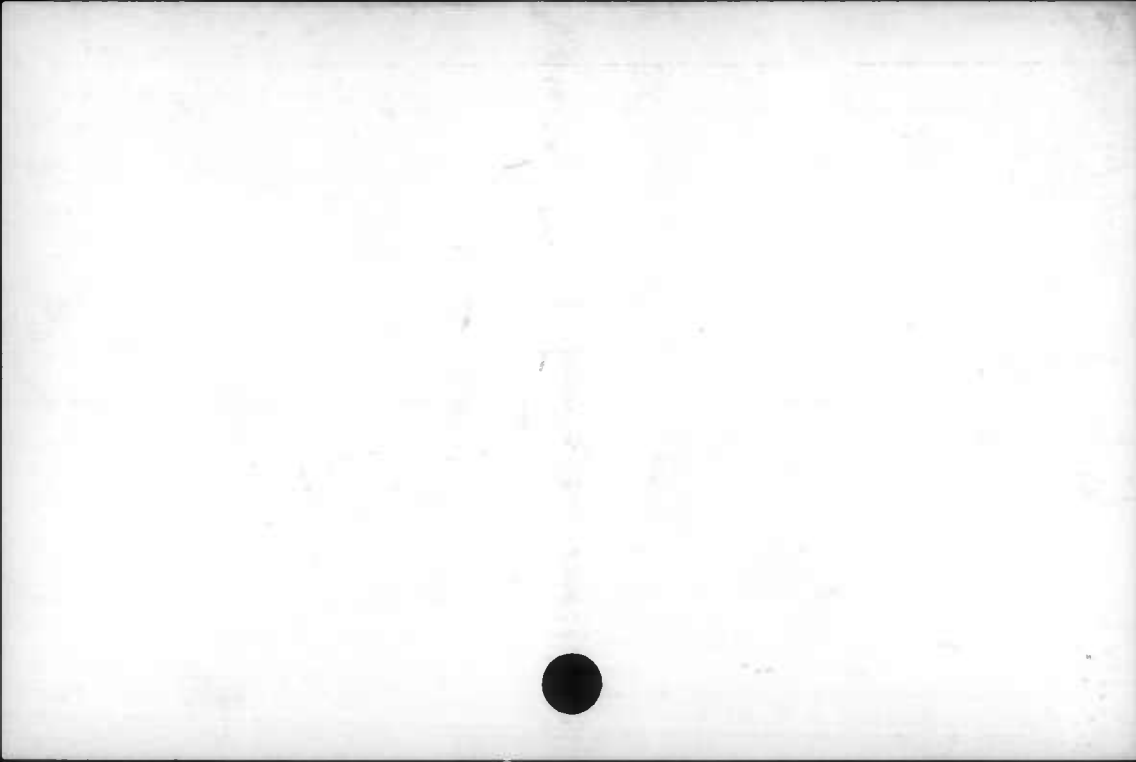
Signature of Physician Maxwell Cawood, Md

Address West River Md

Accident or Suicide Neither

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
FOR CORONER



Name  
in  
Full

Isaac Longue  
Hawwood Town a d County

CERTIFICATE OF DEATH

MARYLAND

Died at  
Date of death 1940 Jan 18 Age — Months 9 Days —

Sex Male Color or Race color Birth-place a a & md

Occupation — Where Residing if not at place of death Hawwood

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Richard Longue Father's Birthplace a a & md

Mother's Maiden Name Anita Parker Mother's Birthplace a a & md

Name of person giving Information Richard Longue How related to deceased father

CAUSES OF DEATH

Primary Pertussis How long 10 days

Immediate Respiratory failure How long 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician MacLure Leawood mo

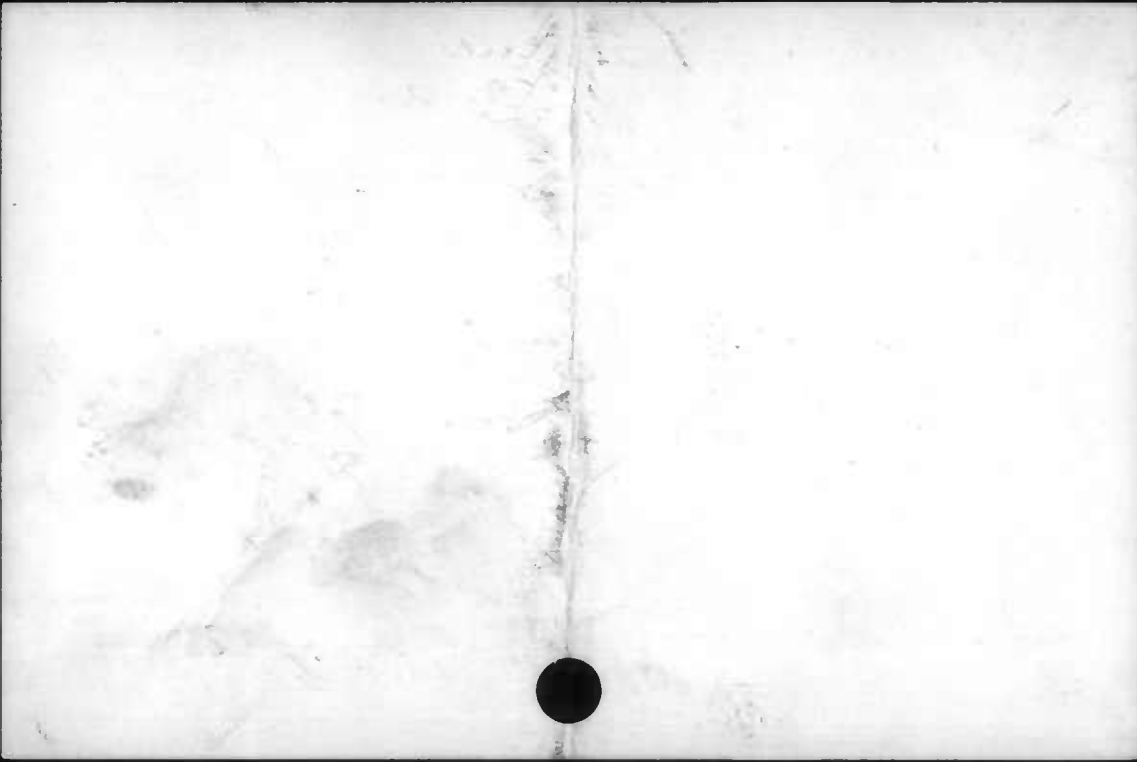
Address West River md

Accident or Suicide mother

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
CORONER

10



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Ellian Viola Turner** **Anne Arundel** **MARYLAND**

Town County

Died at **Churchton**

Date of death 19**40** Month **Jan.** Day **3rd** Age **—** Years **—** Months **4** Days **13**

Sex **Female** Color or Race **Colored** Birth-place **Churchton, Md.**

Occupation **—** Where Residing if not at place of death **—**

Married, Single or Widowed **Single** Name of Wife or Husband **—**

Father's Name **Arthur Turner** Father's Birthplace **Churchton**

Mother's Maiden Name **Mary Jane Blunt** Mother's Birthplace **Churchton, Md.**

Name of person giving Information **Charles Blunt** How related to deceased **Uncle**

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Whooping-Cough** How long **3 weeks**

Immediate **Convulsions, Exhaustion** How long **6 hours**

Are the name, age, sex, color, date and place correctly given above? **Yes.** Signature of Physician **A. N. H. Wilson**

Address **Churchton, A. Co. Md.**

Accident or Suicida **—**

Intimus & Franklins

Am

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Abnera Tydings* County *AA Co*  
Died at *Stearns* Town *AA Co*  
Date of death 19*60* Month *Jan* Day *1<sup>st</sup>* Age *54* Years Months *4* Days  
Sex *female* Color or Race *white* Birth-place *AA Co*  
Occupation *housewife* Where Residing if not at place of death  
Married, Single or Widowed *married* Name of Wife or Husband *Benny A Tydings*  
Father's Name *John H Stallings* Father's Birthplace *AA Co*  
Mother's Maiden Name *Matilda Ann Lark* Mother's Birthplace *AA Co*  
Name of person giving Information *Ray R. Tydings* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *1 Week*  
Immediate *Acute Nephritis* How long *2 days*  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *Walton H. Hopkins M.D.*  
Address *Annapolis Md*  
Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Richard Walker* Town \_\_\_\_\_ County \_\_\_\_\_  
Died at *Ann Arbor's Ann Arbor* MARYLAND  
Date of death *1910* Month *January* Day *4* Year *1910* Age *70* Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *Male* Color or Race *Colored* Birth-place *Unknown*  
Occupation *Laborer* Where Residing (not at place of death) *Calumet Street*  
Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Smith*  
Father's Name *Richard Walker* Father's Birthplace *Prince Geo Co Md*  
Mother's Maiden Name *Alison Addison* Mother's Birthplace *" " Md*  
Name of person giving Information *John Walker* How related to deceased *brother*

CAUSES OF DEATH

Primary

*Frozen to death*

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes -*

Signature of Physician

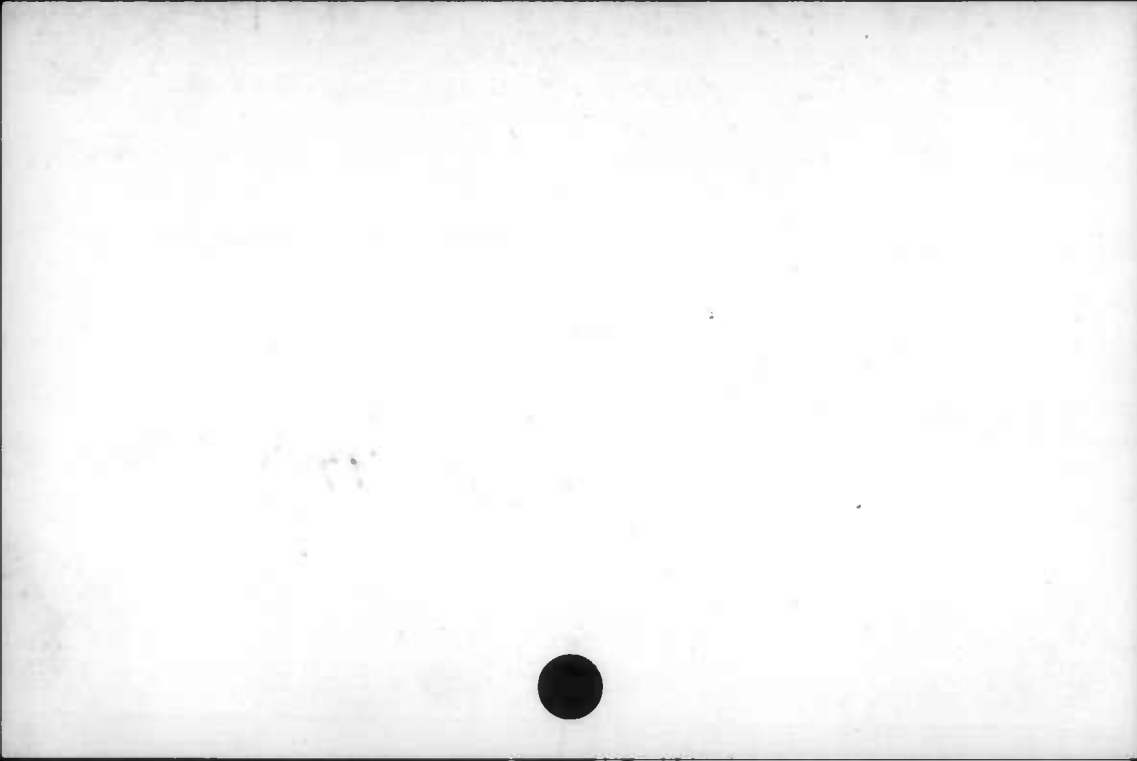
Address

*As far as I know*

Accident or Suicide



*W. C. Cramer, M.D.*  
*9 S. Dole St.*  
*Ann Arbor Mich*



Name  
in  
Full

Carolina ~~Healey~~ Weihe  
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at *Burrville* Month *June* Day *31* Age *83* Months *8* Days *29*

Date of death 190*1*

Sex *Female* Color or Race *white* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Frederick Healey*

Father's Name *John Guisabini* Father's Birthplace *Germany*

Mother's Name *Carolina Healey* Mother's Birthplace *Germany*

Name of person giving Information *E. Strommen & Son* How related to deceased *Not related*

CAUSES OF DEATH

**10**

Primary *La Grippe* How long *6 days*

Immediate *Cordial Failure* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

E. Schloman & Son  
1039 Hanover St

Cedar Hill Cemetery

Name  
in  
Full

Lee Chester White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

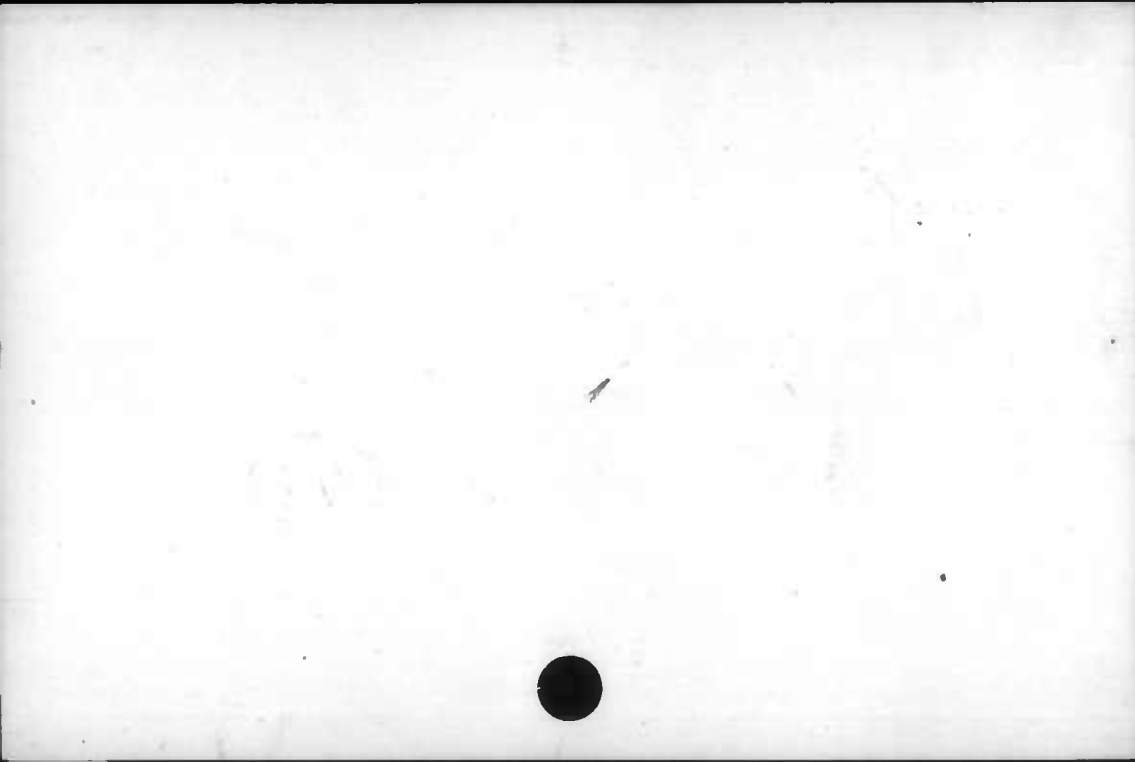
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1980		July	22		2	2	
Sex	Male	Color or Race	Colored	Birth-place	Annapolis		
Occupation				Where Residing if not at place of death	18 Clay St.		
Married, Single or Widowed	Infant			Name of Wife or Husband			
Father's Name	George W. White			Father's Birthplace	Annapolis		
Mother's Maiden Name	Lillian G. White			Mother's Birthplace	"		
Name of person giving Information	Mother			How related to deceased	Mother		

CAUSES OF DEATH

Primary	Broncho-Pneumonia	How long	2 Weeks
Immediate	Asthenia	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	RP D. Noble
		Address	60 Cathedral St. Annapolis Md
Accident or Suicide	no		

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Rosie Ellen Woolley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>La. Co</i> <sup>County</sup>		MARYLAND	
Date of death <i>1940 Jan</i> <sup>Month</sup>		<i>6</i> <sup>Day</sup>	Age <i>37</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Divorced</i>	Name of Wife or Husband <i>Alfred Woolley</i>				
Father's Name <i>Michael M Shannon</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Josephine Parkison</i>	How related to deceased <i>Brother</i>		Name of person giving Information <i>W H Shannon</i>		

CAUSES OF DEATH

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Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walton H. Hopkins MD</i>
	Address <i>Annapolis Md</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER

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